



**COMMUNITY HEALTH  
P.A. 330 of 2006**

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FULL-TIME EQUATED (FTE) POSITIONS/ FUNDING SOURCE	FY 2005-06 YEAR-TO-DATE	FY 2006-07 GOV'S REC.	FY 2006-07	FY 2006-07	FY 2006-07 ENACTED	CHANGES FROM FY 2005-06 YEAR-TO-DATE			
			SENATE PASSED	HOUSE PASSED		GOVERNOR AMOUNT	SENATE AMOUNT	HOUSE AMOUNT	ENACTED AMOUNT
FTE Positions.....	4,673.6	4,670.1	4,688.1	4,652.1	4,658.1	(3.5)	14.5	(21.5)	(15.5)
<b>GROSS.....</b>	<b>10,561,633,600</b>	<b>11,260,606,200</b>	<b>11,193,067,500</b>	<b>10,907,016,800</b>	<b>11,196,157,400</b>	<b>698,972,600</b>	<b>631,433,900</b>	<b>345,383,200</b>	<b>634,523,800</b>
Less:									
Interdepartmental Grants Received.....	34,090,000	37,286,100	37,286,100	37,286,100	37,286,100	3,196,100	3,196,100	3,196,100	3,196,100
<b>ADJUSTED GROSS.....</b>	<b>10,527,543,600</b>	<b>11,223,320,100</b>	<b>11,155,781,400</b>	<b>10,869,730,700</b>	<b>11,158,871,300</b>	<b>695,776,500</b>	<b>628,237,800</b>	<b>342,187,100</b>	<b>631,327,700</b>
Less:									
Federal Funds.....	5,688,988,000	6,102,352,600	6,088,988,500	5,823,755,500	6,042,584,700	413,364,600	400,000,500	134,767,500	353,596,700
Local and Private.....	299,960,500	302,504,300	302,504,300	305,004,300	305,004,300	2,543,800	2,543,800	5,043,800	5,043,800
<b>TOTAL STATE SPENDING.....</b>	<b>4,538,595,100</b>	<b>4,818,463,200</b>	<b>4,764,288,600</b>	<b>4,740,970,900</b>	<b>4,811,282,300</b>	<b>279,868,100</b>	<b>225,693,500</b>	<b>202,375,800</b>	<b>272,687,200</b>
Less:									
Other State Restricted Funds.....	1,561,666,200	1,817,312,800	1,816,312,800	1,812,976,900	1,871,199,600	255,646,600	254,646,600	251,310,700	309,533,400
<b>GENERAL FUND/GENERAL PURPOSE.....</b>	<b>2,976,928,900</b>	<b>3,001,150,400</b>	<b>2,947,975,800</b>	<b>2,927,994,000</b>	<b>2,940,082,700</b>	<b>24,221,500</b>	<b>(28,953,100)</b>	<b>(48,934,900)</b>	<b>(36,846,200)</b>
<b>PAYMENTS TO LOCALS.....</b>	<b>1,136,168,800</b>	<b>1,132,576,800</b>	<b>1,288,492,900</b>	<b>1,316,508,700</b>	<b>1,317,715,000</b>	<b>(3,592,000)</b>	<b>152,324,100</b>	<b>180,339,900</b>	<b>181,546,200</b>

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
							GOVERNOR	SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH										
GENERAL BUDGET DECISIONS										
1.	<u>Change in Medicaid Match Rate for FY 2006-07</u>									
	The regular Medicaid match rate will decrease from 56.59% in FY 2005-06 to 56.38% in FY 2006-07, increasing GF/GP costs.	Gross Federal GF/GP	NA NA NA	NA NA NA	NA NA NA	NA NA NA	0 (17,199,100) 17,199,100	0 (17,199,100) 17,199,100	0 (17,199,100) 17,199,100	0 (17,199,100) 17,199,100
2.	<u>Change in Title XXI Match Rate for FY 2006-07</u>									
	The Federal Title XXI match rate, used for the MI-CHILD and Adult Benefits Waiver programs, will decrease from 69.61% to 69.47% in FY 2006-07, leading to a GF/GP cost increase.	Gross Federal GF/GP	NA NA NA	NA NA NA	NA NA NA	NA NA NA	0 (267,200) 267,200	0 (267,200) 267,200	0 (267,200) 267,200	0 (267,200) 267,200
3.	<u>Economic Adjustments</u>									
	The Executive budget included the usual adjustments for negotiated salary and wage increases, insurance, and retirement costs.	Gross IDG Federal Local Private	NA NA NA NA NA	NA NA NA NA NA	NA NA NA NA NA	NA NA NA NA NA	30,775,500 2,754,300 4,626,700 7,226,800 5,700	30,775,500 2,754,300 4,626,700 7,226,800 5,700	29,775,500 2,754,300 4,626,700 7,226,800 5,700	30,775,500 2,754,300 4,626,700 7,226,800 5,700
	<b>House Changes</b> The House reduced the Worker's Compensation base adjustment by \$1 million Gross and GF/GP and made several minor technical adjustments.	Restricted GF/GP	NA NA	NA NA	NA NA	NA NA	1,772,700 14,389,300	1,772,700 14,389,300	1,772,700 13,389,300	1,772,700 14,389,300
	<b>Conference Committee Changes</b> Concurred with the Senate.									

Table 1: Economic Adjustments		
Item	Gross	GF/GP
Salaries and Wages	\$14,899,100	\$6,225,000
Insurance	4,366,600	1,827,400
Retirement	6,989,100	3,214,200
Other	<u>4,520,700</u>	<u>3,122,700</u>
Total:	\$30,775,500	\$14,389,300

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
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DEPARTMENT OF COMMUNITY HEALTH										
GENERAL BUDGET DECISIONS (continued)										
4.	<u>Unclassified Salaries</u>									
	The Executive budget did not include any adjustment for unclassified salaries.	Gross	581,500	581,500	581,500	581,500	0	0	0	0
		GF/GP	581,500	581,500	581,500	581,500	0	0	0	0
5.	<u>Adjustments to On-Board FTEs</u>									
	The Executive Recommendation included adjustments to various units to reflect on-board FTEs as indicated in various line item spending plans. This change does not represent an increase in staffing levels; this reflects the actual number of staff currently employed.	FTE	NA	NA	NA	NA	12.4	12.4	12.4	12.4
		Gross	NA	NA	NA	NA	0	0	0	0
		GF/GP	NA	NA	NA	NA	0	0	0	0
	<b>House Changes</b> The House made a technical adjustment to correct the placement of FTEs responsible for criminal background checks.									
	<b>Conference Committee Changes</b> Concurred with the House.									
6.	<u>Changes in Federal Authorization</u>									
	The Executive budget included a series of adjustments throughout the budget to reflect the actual level of Federal funding expected to be received for the FY 2006-07 base. See Table 2.	FTE	NA	NA	NA	NA	5.0	5.0	5.0	5.0
		Gross	NA	NA	NA	NA	(1,629,300)	(1,629,300)	(1,879,300)	(1,879,300)
		Federal	NA	NA	NA	NA	(1,629,300)	(1,629,300)	(1,879,300)	(1,879,300)
		GF/GP	NA	NA	NA	NA	0	0	0	0
	<b>House Changes</b> The House made an adjustment to reflect the expiration of the \$250,000 Long-Term Care Transformation grant. The House also shifted the Federal Hazardous Substances grant to its correct position, in the Epidemiology Administration line.									
	<b>Conference Committee Changes</b> Concurred with the House.									

FY 2005-06 YEAR-TO-DATE	FY 2006-07 GOVERNOR	FY 2006-07 SENATE	FY 2006-07 HOUSE	FY 2006-07 CONFERENCE	CHANGE TO FY 2005-06 YEAR-TO-DATE:			
					GOVERNOR	SENATE	HOUSE	CONFERENCE

DEPARTMENT OF COMMUNITY HEALTH

GENERAL BUDGET DECISIONS (continued)

Table 2: Executive Budget Changes in Federal Funding		
Item	Increase/(Decrease)	
	Gross	Federal
Strategic Prevention Framework Grant	\$70,000	\$70,000
Department of Education Early-On Grant	53,800	53,800
Alzheimer's Grant	242,000	242,000
Adjustment in Federal Housing Grants	569,600	569,600
End of Special Projects Grants	(2,343,200)	(2,343,200)
Mental Health Systems Transformation	100,000	100,000
Aging Resource Center Grant	250,000	250,000
Long Term Care Systems Transformation	250,000	250,000
Highway Safety Grant	(350,000)	(350,000)
Office of Minority Health Grant	159,300	159,300
Reduction in Preventive Health Block Grant	(1,083,500)	(1,083,500)
Prescription Drug Monitoring Grant	100,000	100,000
End of Health Professions State Planning Grant	(300,000)	(300,000)
Employee Background Check Grant (3.0 FTEs)	2,600,000	2,600,000
Ryan White Title II	1,158,600	1,158,600
End of PBB Grant	(202,100)	(202,100)
Healthy Homes Grant (Lead)	30,000	30,000
Breast/Cervical Cancer Grant	638,000	638,000
WISEWOMAN Grant	230,700	230,700
Tobacco Reduction Grant (2.0 FTEs)	110,000	110,000
Core Injury Grant	(426,800)	(426,800)
Title XIX Revenue Used to Support Diabetes Line	10,800	10,800
Pediatric AIDS Revenue	48,000	48,000
End of Drug Local Law Enforcement Grant	(2,061,200)	(2,061,200)
Safe and Drug Free Schools	(800,000)	(800,000)
Drug Control Substance Abuse Grant	(1,000,000)	(1,000,000)
Byrne Drug Control Grant	(6,000,000)	(6,000,000)
Aging Title III and Title VII	(281,000)	(281,000)
Aging: US Department of Agriculture	(499,000)	(499,000)
Aging: Title XIX Revenue	330,000	330,000
Medicare Modernization Assistance	450,000	450,000
Increased Funding for Contracts with U-M and MSU	5,591,800	5,591,800
Federal Match for Attorney General Billing	325,000	325,000
Social Security Death Registry	399,900	399,900
Total:	(\$1,629,300)	(\$1,629,300)

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
							GOVERNOR	SENATE	HOUSE	CONFERENCE

FY 2005-06 YEAR-TO-DATE	FY 2006-07 GOVERNOR	FY 2006-07 SENATE	FY 2006-07 HOUSE	FY 2006-07 CONFERENCE	CHANGE TO FY 2005-06 YEAR-TO-DATE:			
					GOVERNOR	SENATE	HOUSE	CONFERENCE

DEPARTMENT OF COMMUNITY HEALTH

GENERAL BUDGET DECISIONS (continued)

TABLE 3: FY 2006-07 PROPOSED HEALTHY MICHIGAN FUND DISTRIBUTION

Program	FY 2005-06	Executive/Senate	House	Proposed
	<u>Year-to-Date</u>	<u>FY 2006-07 Proposed</u>	<u>FY 2006-07 Proposed</u>	<u>FY 2006-07 Conference</u>
Alzheimer's disease outreach and education	\$290,000	\$290,000	\$290,000	290,000
Cancer prevention and control	2,571,200	2,586,900	2,586,900	2,586,900 *
Cardiovascular health (Chronic Disease Prevention)	1,698,200	1,698,200	1,698,200	1,698,200
Chronic disease prevention (arthritis)	0	0	0	50,000
Dental programs	150,000	150,000	150,000	150,000
Diabetes local agreements	2,315,200	2,315,200	2,565,200	2,315,200
Early hearing detection and screening program	250,000	250,000	250,000	250,000
Family planning local agreements	634,600	634,600	634,600	634,600
Huntington's disease programming	0	0	0	50,000
Immunization local agreements	1,750,000	1,750,000	1,750,000	1,750,000
Immunization program management and field support	336,800	340,400	340,400	340,400 **
Implementation of 1993 PA 133	23,500	23,500	23,500	23,500
Infant mortality	900,000	900,000	250,000	1,100,000 ****
Lead poisoning prevention	1,000,000	1,000,000	1,200,000	1,000,000
Local maternal/child health services	246,100	246,100	246,100	246,100
Maternal Outpatient Medical Services (MOMs)	1,575,500	1,575,500	1,575,500	1,575,500
Minority health (health disparities)	900,000	900,000	500,000	900,000
Morris Hood Wayne State diabetes outreach	400,000	400,000	400,000	400,000
Nurse family partnership (expansion)	0	0	1,100,000	0
Osteoporosis	200,000	200,000	200,000	200,000
Parkinson's disease programming	0	0	0	50,000
Physical fitness, nutrition, and health	700,000	700,000	0	700,000
Poison control	300,000	300,000	300,000	300,000
Pregnancy prevention programs	5,033,300	5,033,300	5,033,300	5,033,300
School health services (Michigan Model)	500,000	500,000	500,000	500,000
Senior nutrition services	167,000	167,000	167,000	167,000
Smoking prevention program	3,619,500	3,638,500	3,638,500	3,638,500 ***
Tobacco tax collection and enforcement	610,000	610,000	610,000	610,000
Training and evaluation	220,000	220,000	220,000	220,000
WIC smoking reduction program	0	0	200,000	0
Subtotal	26,390,900	26,429,200	26,429,200	26,779,200
Medicaid base funding	\$17,121,800	\$17,121,800	\$17,121,800	\$16,771,800
TOTAL	\$43,512,700	\$43,551,000	\$43,551,000	\$43,551,000

\* - includes \$15,700 in economics

\*\* - includes \$3,600 in economics

\*\*\* - includes \$19,000 in economics

\*\*\*\* - boilerplate would direct that \$200,000 of this funding along with \$200,000 Federal match go to the Nurse Family Partnership program

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
							GOVERNOR	SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH										
GENERAL BUDGET DECISIONS (continued)										
8.	<u>Insourcing of Services</u>									
	The Executive included adjustments related to insourcing and outsourcing of various services.	FTE	NA	NA	NA	NA	NA	3.0	3.0	3.0
		Gross	NA	NA	NA	NA	NA	(627,900)	(627,900)	(627,900)
		Federal	NA	NA	NA	NA	NA	0	0	0
		Restricted	NA	NA	NA	NA	NA	(627,900)	(627,900)	(627,900)
		GF/GP	NA	NA	NA	NA	NA	0	0	0
	<b>House Changes</b>									
	The House made a technical adjustment to the proposed insourcing of emergency medical services testing, with no net change in funding.									
	<b>Conference Committee Changes</b>									
	Concurred with the House.									
9.	<u>Human Resources Optimization</u>									
	The Executive included further adjustments related to the FY 2004-05 implementation of a centralized human resources system.	FTE	NA	NA	NA	NA	NA	(1.0)	(1.0)	(1.0)
		Gross	NA	NA	NA	NA	NA	(288,400)	(288,400)	(288,400)
		IDG	NA	NA	NA	NA	NA	(29,600)	(29,600)	(29,600)
		Federal	NA	NA	NA	NA	NA	(21,700)	(21,700)	(21,700)
		Local	NA	NA	NA	NA	NA	(198,300)	(198,300)	(198,300)
		GF/GP	NA	NA	NA	NA	NA	(38,800)	(38,800)	(38,800)
	<b>House Changes</b>									
	The House made a technical adjustment to the savings assumed in the State Facilities unit, with no net change in funding.									
	<b>Conference Committee Changes</b>									
	Concurred with the House.									
10.	<u>Tobacco Settlement and Merit Award Adjustments</u>									
	The Executive classified all Tobacco Settlement funding in the DCH budget as Merit Award Trust Fund money and recognized additional available revenue.	Gross	NA	NA	NA	NA	NA	0	0	0
		Tobacco	NA	NA	NA	NA	NA	18,900,000	18,900,000	18,900,000
		GF/GP	NA	NA	NA	NA	NA	(18,900,000)	(18,900,000)	(18,900,000)
	<b>Conference Committee Changes</b>									
	The Conference Committee reflected the Leadership estimate of available Merit Award Trust Fund revenue.									

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
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DEPARTMENT OF COMMUNITY HEALTH										
GENERAL BUDGET DECISIONS (continued)										
11.	<u>Michigan Health Initiative Fund Source Shift</u>									
<b>House Changes</b>										
The House made several adjustments to shift		Gross	NA	NA	NA	NA	0	0	0	0
available Michigan Health Initiative Fund revenue		Restricted	NA	NA	NA	NA	0	0	1,664,100	0
to supplant GF/GP. These include \$1,072,200		GF/GP	NA	NA	NA	NA	0	0	(1,664,100)	0
in the Sexually Transmitted Disease										
management line, \$193,600 in the Laboratory										
Services line, and \$398,300 in the Health										
Education line.										
<b>Conference Committee Changes</b>										
Concurred with the Senate.										



						CHANGE TO FY 2005-06 YEAR-TO-DATE:			
	FY 2005-06 YEAR-TO-DATE	FY 2006-07 GOVERNOR	FY 2006-07 SENATE	FY 2006-07 HOUSE	FY 2006-07 CONFERENCE	GOVERNOR	SENATE	HOUSE	CONFERENCE

**DEPARTMENT OF COMMUNITY HEALTH**

**TRANSFERS**

12. Department Reorganization

The Executive Recommendation reflected transfers of three programs within the Department. The changes are displayed in Table 4.

FTE	7.0	7.0	7.0	7.0	7.0
Gross	3,637,900	3,637,900	3,637,900	3,637,900	3,637,900
Federal	3,390,300	3,390,300	3,390,300	3,390,300	3,390,300
Restricted	247,600	247,600	247,600	247,600	247,600
GF/GP	0	0	0	0	0

0.0	0.0	0.0	0.0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

**House Changes**

The House transferred \$358,500 in funding and 4.0 FTEs in hospital billing staff from the Medical Services Administration to the Mental Health/Substance Abuse Services unit.

**Conference Committee Changes**

Concurred with the House.

**TABLE 4: Executive Proposed Program Transfers for FY 2006-07**

<u>Program</u>	<u>Unit From</u>	<u>Unit To</u>	<u>FTEs</u>	<u>Gross</u>	<u>GF/GP</u>
Methamphetamine Grant	Drug Control Policy	Community Mental Health/Sub Abuse	0.0	300,000	0
Pediatric AIDS Prevention and Control	Family, Maternal, and Children's Health	Infectious Disease Control	0.0	1,224,800	0
Lead Abatement Program	Local Health Administration	Epidemiology	7.0	2,113,100	0

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
							GOVERNOR	SENATE	HOUSE	CONFERENCE
							GOVERNOR	SENATE	HOUSE	CONFERENCE
<b>DEPARTMENT OF COMMUNITY HEALTH</b>										
<b>DEPARTMENTWIDE ADMINISTRATION</b>										
13.	<u>Recognize Increased Private Rent</u>									
	The move of various public health functions from the Baker-Olin building in north Lansing to downtown required a base adjustment for rent costs.	Gross	8,700,400	11,112,200	11,112,200	11,112,200	2,411,800	2,411,800	2,411,800	2,411,800
		Federal	2,229,300	2,229,300	2,229,300	2,229,300	0	0	0	0
		Private	35,900	35,900	35,900	35,900	0	0	0	0
		Restricted	971,300	971,300	971,300	971,300	0	0	0	0
		GF/GP	5,463,900	7,875,700	7,875,700	7,875,700	2,411,800	2,411,800	2,411,800	2,411,800
14.	<u>Proposed 211 Human Services Information Line</u>									
	<b>Senate Changes</b>									
	The Senate budget included funding to help establish a 211 human services information phone line.	Gross	0	0	100,000	0	0	100,000	0	0
		GF/GP	0	0	100,000	0	0	100,000	0	0
	<b>House Changes</b>									
	The House did not include funding.									
	<b>Conference Committee Changes</b>									
	Concurred with the House.									

							CHANGE TO FY 2005-06 YEAR-TO-DATE:				
							GOVERNOR	SENATE	HOUSE	CONFERENCE	
FY 2005-06 YEAR-TO-DATE							FY 2006-07 GOVERNOR	FY 2006-07 SENATE	FY 2006-07 HOUSE	FY 2006-07 CONFERENCE	
DEPARTMENT OF COMMUNITY HEALTH											
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS											
15.	<u>Family Support Subsidy</u>										
	The Executive budget included funding to cover increased caseload costs in the Family Support Subsidy program.	Gross	17,935,000	19,036,000	19,036,000	19,036,000	1,101,000	1,101,000	1,101,000	1,101,000	
		Federal	17,935,000	19,036,000	19,036,000	19,036,000	1,101,000	1,101,000	1,101,000	1,101,000	
		GF/GP	0	0	0	0	0	0	0	0	
16.	<u>Proposed Methamphetamine Cleanup Fund</u>										
	<b>Senate Changes</b>										
	The Senate budget included funding to help local units of government cover administrative costs associated with the cleanup of methamphetamine sites.	Gross	0	0	100,000	100	175,000	0	100,000	100	175,000
		GF/GP	0	0	100,000	100	175,000	0	100,000	100	175,000
	<b>House Changes</b>										
	The House kept a \$100 placeholder for this item.										
	<b>Conference Committee Changes</b>										
	Increased funding to \$175,000.										

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
							GOVERNOR	SENATE	HOUSE	CONFERENCE
		FY 2005-06 YEAR-TO-DATE	FY 2006-07 GOVERNOR	FY 2006-07 SENATE	FY 2006-07 HOUSE	FY 2006-07 CONFERENCE				
<b>DEPARTMENT OF COMMUNITY HEALTH</b>										
<b>COMMUNITY MENTAL HEALTH SERVICES PROGRAMS (CMH)</b>										
17.	<u>Transfer Expired Community Residential Services (CRS) Leases to CMH</u>									
	As more State-paid Community Residential Services (CRS) leases expire, those funds are transferred to CMH. These transfers cover leases in Macomb and Oakland Counties.	Gross	64,400	64,400	64,400	64,400	64,400	0	0	0
		GF/GP	64,400	64,400	64,400	64,400	64,400	0	0	0
18.	<u>Rebasing of State Hospitals and Centers</u>									
	Each year the funding for State facilities is adjusted to reflect the actual placements made by CMH boards, the actual availability of non-State funds, and the necessary staffing levels.	FTE	2,158.8	2,073.9	2,073.9	2,033.5	2,033.5	(84.9)	(84.9)	(125.3)
		Gross	180,435,600	173,259,000	173,259,000	173,259,000	173,259,000	(7,176,600)	(7,176,600)	(7,176,600)
		Federal	33,569,800	32,252,400	32,252,400	32,252,400	32,252,400	(1,317,400)	(1,317,400)	(1,317,400)
		Local	137,549,900	132,111,500	132,111,500	132,111,500	132,111,500	(5,438,400)	(5,438,400)	(5,438,400)
		Restricted	9,315,900	8,895,100	8,895,100	8,895,100	8,895,100	(420,800)	(420,800)	(420,800)
		GF/GP	0	0	0	0	0	0	0	0
	<b>House Changes</b> The House made several technical adjustments to reflect the actual number of FTEs that could be supported by the available funding.									
	<b>Conference Committee Changes</b> Concurred with the House.									
19.	<u>Increase in CMH Medicaid Eligibles</u>									
	Due to a continuing increase in Medicaid eligibles, the Executive proposed increasing appropriations for CMH Medicaid in order to cover the costs of capitation payments for the increased caseload.	Gross	1,577,446,000	1,596,468,000	1,596,468,000	1,596,468,000	1,596,468,000	19,022,000	19,022,000	19,022,000
		Federal	892,676,600	903,401,200	903,401,200	903,401,200	903,401,200	10,724,600	10,724,600	10,724,600
		Local	26,072,100	26,072,100	26,072,100	26,072,100	26,072,100	0	0	0
		Restricted	94,692,400	94,692,400	94,692,400	94,692,400	94,692,400	0	0	0
		GF/GP	564,004,900	572,302,300	572,302,300	572,302,300	572,302,300	8,297,400	8,297,400	8,297,400
20.	<u>Increase in Substance Abuse Medicaid Eligibles</u>									
	Similarly, the Executive budget included an increase in the Medicaid Substance Abuse line to reflect the increased Medicaid caseload and resulting increased capitation payments.	Gross	33,486,700	34,809,600	34,809,600	34,809,600	34,809,600	1,322,900	1,322,900	1,322,900
		Federal	18,950,200	19,696,100	19,696,100	19,696,100	19,696,100	745,900	745,900	745,900
		Restricted	2,009,200	2,009,200	2,009,200	2,009,200	2,009,200	0	0	0
		GF/GP	12,527,300	13,104,300	13,104,300	13,104,300	13,104,300	577,000	577,000	577,000

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
							GOVERNOR	SENATE	HOUSE	CONFERENCE
		FY 2005-06 YEAR-TO-DATE	FY 2006-07 GOVERNOR	FY 2006-07 SENATE	FY 2006-07 HOUSE	FY 2006-07 CONFERENCE				
<b>DEPARTMENT OF COMMUNITY HEALTH</b>										
<b>COMMUNITY MENTAL HEALTH (continued)</b>										
21.	<u>Recognition of Provider Assessment Revenue</u>									
	The budget included an adjustment to reflect the actual CMH Quality Assurance Assessment Program (QAAP) revenue projected to be collected.	Gross	1,577,446,000	1,577,446,000	1,577,446,000	1,577,446,000	1,577,446,000	0	0	0
		Federal	892,676,600	892,676,600	892,676,600	892,676,600	892,676,600	0	0	0
		Local	26,072,100	26,072,100	26,072,100	26,072,100	26,072,100	0	0	0
		Restricted	94,692,400	98,930,400	98,930,400	98,930,400	98,930,400	4,238,000	4,238,000	4,238,000
		GF/GP	564,004,900	559,766,900	559,766,900	559,766,900	559,766,900	(4,238,000)	(4,238,000)	(4,238,000)
22.	<u>Actuarially Sound Rates for CMH</u>									
	Under the Medicaid mental health managed care waiver, the State is required to pay actuarially sound capitation rates. The proposed adjustment for FY 2006-07 to meet this requirement is a 2% rate increase.	Gross	1,577,446,000	1,610,064,700	1,610,064,700	1,610,064,700	1,610,064,700	32,618,700	32,618,700	32,618,700
		Federal	892,676,600	911,067,000	911,067,000	911,067,000	911,067,000	18,390,400	18,390,400	18,390,400
		Local	26,072,100	26,072,100	26,072,100	26,072,100	26,072,100	0	0	0
		Restricted	94,692,400	94,692,400	94,692,400	94,692,400	94,692,400	0	0	0
		GF/GP	564,004,900	578,233,200	578,233,200	578,233,200	578,233,200	14,228,300	14,228,300	14,228,300

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
							GOVERNOR	SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH										
COMMUNITY MENTAL HEALTH (continued)										
23.	<u>Detroit-Wayne CMH Funding</u>									
	<b>Senate Changes</b>									
	The Senate bill included language cutting funding for Detroit-Wayne CMH by \$35 million if the board does not become an authority by July 1, 2006. If the board becomes an authority by October 1, 2006, \$20 million of that cut would be restored.	Gross	312,598,300	312,598,300	297,598,300	312,598,300	0	(15,000,000)	0	0
		GF/GP	312,598,300	312,598,300	297,598,300	312,598,300	0	(15,000,000)	0	0
	<b>House Changes</b>									
	The House included language that would cut Detroit-Wayne CMH by \$50 million if the board does not become an authority by September 1, 2006. No reduction would be made if the board becomes an authority prior to that date, so the House budget did not reduce funding.									
	<b>Conference Committee Changes</b>									
	The Conference Committee included no reduction in the line, but included language that would cut funding by \$3.5 million each month that the Detroit-Wayne CMH does not become an authority.									
24.	<u>Medication Management Pilot Project</u>									
	<b>Senate Changes</b>									
	The Senate budget included funding and language to establish a medication management pilot project for CMH clients.	Gross	0	0	75,000	0	0	75,000	0	0
		GF/GP	0	0	75,000	0	0	75,000	0	0
	<b>House Changes</b>									
	The House did not include this line.									
	<b>Conference Committee Changes</b>									
	Concurred with the House.									
25.	<u>Salvation Army Harbor Light</u>									
	<b>House Changes</b>									
	The House included increased funding in the Community Substance Abuse line to provide an increased grant to the Salvation Army Harbor Light program in Detroit.	Gross	85,219,100	85,219,100	85,219,100	85,619,100	0	0	400,000	400,000
		Federal	66,428,600	66,428,600	66,428,600	66,428,600	0	0	0	0
		Restricted	1,784,200	1,784,200	1,784,200	1,784,200	0	0	0	0
		GF/GP	17,006,300	17,006,300	17,006,300	17,406,300	0	0	400,000	400,000
	<b>Conference Committee Changes</b>									
	Concurred with the House.									

							CHANGE TO FY 2005-06 YEAR-TO-DATE:				
							GOVERNOR	SENATE	HOUSE	CONFERENCE	
		FY 2005-06 YEAR-TO-DATE	FY 2006-07 GOVERNOR	FY 2006-07 SENATE	FY 2006-07 HOUSE	FY 2006-07 CONFERENCE					
DEPARTMENT OF COMMUNITY HEALTH											
26.	<u>Children's Waiver Home Care Program Base</u>										
	<b>House Changes</b>										
	The House included a base adjustment for the Children's Waiver Home Care program.	Gross	19,549,800	19,549,800	19,549,800	17,549,800	19,549,800	0	0	(2,000,000)	0
		Federal	11,063,200	11,063,200	11,063,200	9,935,600	11,063,200	0	0	(1,127,600)	0
		GF/GP	8,486,600	8,486,600	8,486,600	7,614,200	8,486,600	0	0	(872,400)	0
	<b>Conference Committee Changes</b>										
	Concurred with the Senate.										
27.	<u>Wage Increase for CMH Direct Care Workers</u>										
	<b>House Changes</b>										
	The House included funding for a 2% increase in wages paid to CMH direct care workers.	Gross	1,577,446,000	1,577,446,000	1,577,446,000	1,587,846,000	1,587,846,000	0	0	10,400,000	10,400,000
		Federal	892,676,600	892,676,600	892,676,600	898,540,100	898,540,100	0	0	5,863,500	5,863,500
		Local	26,072,100	26,072,100	26,072,100	26,072,100	26,072,100	0	0	0	0
	<b>Conference Committee Changes</b>	Restricted	94,692,400	94,692,400	94,692,400	94,692,400	94,692,400	0	0	0	0
	Concurred with the House.	GF/GP	564,004,900	564,004,900	564,004,900	568,541,400	568,541,400	0	0	4,536,500	4,536,500
28.	<u>Cost Allocation Workgroup</u>										
	<b>House Changes</b>										
	The House included funding for a mental health cost allocation workgroup.	Gross	0	0	0	100,000	0	0	0	100,000	0
		GF/GP	0	0	0	100,000	0	0	0	100,000	0
	<b>Conference Committee Changes</b>										
	Concurred with the Senate.										
29.	<u>Multicultural Funding</u>										
	<b>House Changes</b>										
	The House increased funding in the multicultural services line by \$200,000.	Gross	4,963,800	4,963,800	4,963,800	5,163,800	5,163,800	0	0	200,000	200,000
		GF/GP	4,963,800	4,963,800	4,963,800	5,163,800	5,163,800	0	0	200,000	200,000
	<b>Conference Committee Changes</b>										
	Concurred with the House.										

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
							GOVERNOR	SENATE	HOUSE	CONFERENCE



							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
							GOVERNOR	SENATE	HOUSE	CONFERENCE
		FY 2005-06 YEAR-TO-DATE	FY 2006-07 GOVERNOR	FY 2006-07 SENATE	FY 2006-07 HOUSE	FY 2006-07 CONFERENCE				
<b>DEPARTMENT OF COMMUNITY HEALTH</b>										
<b>PUBLIC HEALTH ADMINISTRATION</b>										
32.	<u>Recognize FTEs for Health Disparities</u>									
	The Executive budget reflected on-board FTEs who administer the Health Disparities program.	FTE	0.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0
		Gross	1,550,000	1,550,000	1,550,000	1,550,000	1,550,000	0	0	0
		Federal	650,000	650,000	650,000	650,000	650,000	0	0	0
		Restricted	900,000	900,000	900,000	900,000	900,000	0	0	0
		GF/GP	0	0	0	0	0	0	0	0
33.	<u>Funding for the State Surgeon General</u>									
	<b>House Changes</b>									
	The House removed funding for the State Surgeon General.	Gross	240,000	240,000	240,000	0	240,000	0	0	(240,000)
		GF/GP	240,000	240,000	240,000	0	240,000	0	0	(240,000)
	<b>Conference Committee Changes</b>									
	Concurred with the Senate.									
34.	<u>Vital Records Funding</u>									
	<b>House Changes</b>									
	The House increased funding for the Vital Records line item.	Gross	7,458,800	7,458,800	7,458,800	7,758,800	7,458,800	0	0	300,000
		IDG	710,500	710,500	710,500	710,500	710,500	0	0	0
		Federal	2,017,900	2,017,900	2,017,900	2,017,900	2,017,900	0	0	0
		Restricted	4,730,400	4,730,400	4,730,400	4,730,400	4,730,400	0	0	0
	<b>Conference Committee Changes</b>									
	Concurred with the Senate.	GF/GP	0	0	0	300,000	0	0	0	300,000

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
		FY 2005-06 YEAR-TO-DATE	FY 2006-07 GOVERNOR	FY 2006-07 SENATE	FY 2006-07 HOUSE	FY 2006-07 CONFERENCE	GOVERNOR	SENATE	HOUSE	CONFERENCE
<b>DEPARTMENT OF COMMUNITY HEALTH</b>										
<b>HEALTH REGULATORY SYSTEMS</b>										
35.	<u>Recognize Attorney General Memorandum of Understanding</u>									
	The Executive budget included a technical adjustment to reflect costs incurred by the Attorney General in investigations related to health professions. This funding has been transferred all along, but accounting principles require that it be reflected as an expenditure.	Gross	13,030,400	14,630,400	14,630,400	14,630,400	1,600,000	1,600,000	1,600,000	1,600,000
		Federal	371,400	371,400	371,400	371,400	0	0	0	0
		Restricted	12,659,000	14,259,000	14,259,000	14,259,000	1,600,000	1,600,000	1,600,000	1,600,000
		GF/GP	0	0	0	0	0	0	0	0
36.	<u>Radiological Safety Fee Increase</u>									
	The Executive budget reflected an increase in Radiological Safety Fee revenue.	Gross	2,372,100	2,418,800	2,418,800	2,418,800	46,700	46,700	46,700	46,700
		Federal	591,700	591,700	591,700	591,700	0	0	0	0
		Restricted	1,780,400	1,827,100	1,827,100	1,827,100	46,700	46,700	46,700	46,700
		GF/GP	0	0	0	0	0	0	0	0
37.	<u>State Loan Repayment Grant</u>									
	Community Mental Health boards have shown interest in helping support the Michigan Essential Health Provider program in order to bring psychological staff to underserved areas. The CMHs would provide the local match to earn the Federal funding.	Gross	1,391,700	1,847,100	1,847,100	1,847,100	455,400	455,400	455,400	455,400
		Federal	696,300	924,000	924,000	924,000	227,700	227,700	227,700	227,700
		Local	0	227,700	227,700	227,700	227,700	227,700	227,700	227,700
		Private	150,000	150,000	150,000	150,000	0	0	0	0
		GF/GP	545,400	545,400	545,400	545,400	0	0	0	0
38.	<u>Roll Together Line Items</u>									
	The Executive budget rolled the \$588,900 Emergency Medical Services Grants and Services line into the Emergency Medical Services State Program Staff line. The budget also rolled the Substance Abuse Program Administration line (\$120,200 and 1.0 FTE) into the Health Systems Administration line.	FTE	1.0	1.0	1.0	1.0				
		Gross	709,100	709,100	709,100	709,100	0	0	0	0
		Federal	521,000	521,000	521,000	521,000	0	0	0	0
		GF/GP	188,100	188,100	188,100	188,100	0	0	0	0
<b>House Changes</b>										
The House rejected the roll-ups.										
<b>Conference Committee Changes</b>										
Concurred with the House.										

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
		FY 2005-06 YEAR-TO-DATE	FY 2006-07 GOVERNOR	FY 2006-07 SENATE	FY 2006-07 HOUSE	FY 2006-07 CONFERENCE	GOVERNOR	SENATE	HOUSE	CONFERENCE
<b>DEPARTMENT OF COMMUNITY HEALTH</b>										
<b>HEALTH REGULATORY SYSTEMS (continued)</b>										
39.	<u>Correct FY 2005-06 Substance Abuse Inspections Adjustment</u>									
	The Executive budget corrected the FY 2005-06 reduction in substance abuse inspections funding by putting the savings in the correct line item and removing the FTEs	FTE	3.0	0.0	0.0	0.0	0.0	(3.0)	(3.0)	(3.0)
		Gross	310,000	310,000	310,000	310,000	310,000	0	0	0
		Federal	310,000	310,000	310,000	310,000	310,000	0	0	0
		GF/GP	0	0	0	0	0	0	0	0
40.	<u>Add Two Pharmacist Specialists</u>									
	The budget added two pharmacist specialist positions to aid in monitoring and inspections.	FTE	123.0	125.0	125.0	125.0	125.0	2.0	2.0	2.0
		Gross	13,030,400	13,249,300	13,249,300	13,249,300	13,249,300	218,900	218,900	218,900
		Federal	371,400	371,400	371,400	371,400	371,400	0	0	0
		Restricted	12,659,000	12,877,900	12,877,900	12,877,900	12,877,900	218,900	218,900	218,900
		GF/GP	0	0	0	0	0	0	0	0
41.	<u>Placeholder Funding for Free Clinics</u>									
	<b>Senate Changes</b>									
	The Senate included \$100 to increase funding for free clinics above the current \$250,000.	Gross	250,000	250,000	250,100	250,000	250,000	0	100	0
		Federal	0	0	100	0	0	0	100	0
		GF/GP	250,000	250,000	250,000	250,000	250,000	0	0	0
	<b>House Changes</b>									
	The House rejected the placeholder.									
	<b>Conference Committee Changes</b>									
	Concurred with the House.									
42.	<u>Placeholder Funding for Homeless Health Clinic</u>									
	<b>House Changes</b>									
	The House included placeholder funding for a health clinic at a homeless shelter in Lansing.	Gross	0	0	0	100	0	0	0	100
		GF/GP	0	0	0	100	0	0	0	100
	<b>Conference Committee Changes</b>									
	Concurred with the Senate.									

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
							GOVERNOR	SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH										
INFECTIOUS DISEASE CONTROL										
43.	<u>AIDS Pharmaceutical Rebate Dollars</u>									
The Executive budget reflected the actual anticipated amount of AIDS pharmaceutical rebate dollars. This money is used to purchase more medication.	Gross	36,502,000	33,749,400	33,749,400	36,249,400	36,249,400	(2,752,600)	(2,752,600)	(252,600)	(252,600)
	Federal	23,756,600	23,756,600	23,756,600	23,756,600	23,756,600	0	0	0	0
	Private	8,250,500	5,497,900	5,497,900	7,997,900	7,997,900	(2,752,600)	(2,752,600)	(252,600)	(252,600)
	Restricted	4,494,900	4,494,900	4,494,900	4,494,900	4,494,900	0	0	0	0
	GF/GP	0	0	0	0	0	0	0	0	0
<b>House Changes</b>										
The House adjusted the estimated funding to reflect the most recent projections.										
<b>Conference Committee Changes</b>										
Concurred with the House.										

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
		FY 2005-06 YEAR-TO-DATE	FY 2006-07 GOVERNOR	FY 2006-07 SENATE	FY 2006-07 HOUSE	FY 2006-07 CONFERENCE	GOVERNOR	SENATE	HOUSE	CONFERENCE
<b>DEPARTMENT OF COMMUNITY HEALTH</b>										
<b>LABORATORY SERVICES</b>										
44.	<u>Changes in Newborn Screening Revenue</u>									
	The Executive budget reflected the receipt of additional newborn screening fee revenue.	FTE	119.0	120.0	120.0	120.0	1.0	1.0	1.0	1.0
		Gross	15,269,100	15,052,100	15,052,100	15,052,100	(217,000)	(217,000)	(217,000)	(217,000)
	The amount of revenue from newborn screening fee increases each year due to an inflationary adjustment in the fees.	IDG	420,800	420,800	420,800	420,800	0	0	0	0
		Federal	3,058,000	3,058,000	3,058,000	3,058,000	0	0	0	0
		Restricted	5,032,800	4,815,800	4,815,800	4,815,800	(217,000)	(217,000)	(217,000)	(217,000)
		GF/GP	6,757,500	6,757,500	6,757,500	6,757,500	0	0	0	0

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
							GOVERNOR	SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH										
EPIDEMIOLOGY										
45.	<u>Adjust out FY 2005-06 Supplemental Funding</u>									
	The FY 2005-06 supplemental bill, Senate Bill 242, included one-time revenue for epidemiology administration and for efforts to combat a potential flu pandemic. This funding was not recognized in the FY 2006-07 budget.	Gross	NA	NA	NA	NA	(2,998,800)	(2,998,800)	(2,998,800)	(2,998,800)
		Federal	NA	NA	NA	NA	(2,951,800)	(2,951,800)	(2,951,800)	(2,951,800)
		Private	NA	NA	NA	NA	(47,000)	(47,000)	(47,000)	(47,000)
		GF/GP	NA	NA	NA	NA	0	0	0	0

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
		FY 2005-06 YEAR-TO-DATE	FY 2006-07 GOVERNOR	FY 2006-07 SENATE	FY 2006-07 HOUSE	FY 2006-07 CONFERENCE	GOVERNOR	SENATE	HOUSE	CONFERENCE
<b>DEPARTMENT OF COMMUNITY HEALTH</b>										
<b>LOCAL HEALTH ADMINISTRATION AND GRANTS</b>										
46.	<u>Transfer of Hearing and Vision Screening Funding</u>									
	The Executive budget transferred financial responsibility for hearing and vision screening to the School Aid budget, leading to a savings of \$2,575,000. The FY 2005-06 budget included half the funding for hearing and vision screening that had been available in prior years. The Executive budget then included full funding of \$5,150,000 in the School Aid budget, with that money then being flowed back to DCH as Local funds.	Gross	2,575,000	5,150,000	5,150,000	5,150,000	2,575,000	2,575,000	2,575,000	2,575,000
		Local	0	5,150,000	5,150,000	5,150,000	5,150,000	5,150,000	5,150,000	5,150,000
		GF/GP	2,575,000	0	0	0	(2,575,000)	(2,575,000)	(2,575,000)	(2,575,000)

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
							GOVERNOR	SENATE	HOUSE	CONFERENCE
		FY 2005-06 YEAR-TO-DATE	FY 2006-07 GOVERNOR	FY 2006-07 SENATE	FY 2006-07 HOUSE	FY 2006-07 CONFERENCE				
<b>DEPARTMENT OF COMMUNITY HEALTH</b>										
<b>CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION</b>										
47.	<u>Roll Health Education Line into Chronic Disease Line</u>									
	The Executive budget rolled this line item into the Chronic Disease line.	Gross	728,600	728,600	728,600	728,600	728,600	0	0	0
		Restricted	356,900	356,900	356,900	356,900	356,900	0	0	0
		GF/GP	371,700	371,700	371,700	371,700	371,700	0	0	0
	<b>House Changes</b>									
	The House rejected this roll-up.									
	<b>Conference Committee Changes</b>									
	Concurred with the House.									
48.	<u>Arthritis Funding</u>									
	<b>Senate Changes</b>									
	The Senate budget increased funding for arthritis programming.	Gross	105,000	105,000	155,000	105,000	155,000	0	50,000	0
		Restricted	0	0	0	0	50,000	0	0	50,000
		GF/GP	105,000	105,000	155,000	105,000	105,000	0	50,000	0
	<b>House Changes</b>									
	The House rejected this increase.									
	<b>Conference Committee Changes</b>									
	Concurred with the Senate, but used Healthy Michigan Fund instead of GF/GP.									
49.	<u>Parkinson's Disease Funding</u>									
	<b>Senate Changes</b>									
	The Senate budget increased funding for Parkinson's disease programming.	Gross	0	0	100,000	0	50,000	0	100,000	0
		Restricted	0	0	0	0	50,000	0	0	50,000
		GF/GP	0	0	100,000	0	0	0	100,000	0
	<b>House Changes</b>									
	The House rejected this increase.									
	<b>Conference Committee Changes</b>									
	The Conference Committee appropriated \$50,000 in Healthy Michigan Fund revenue for this program.									
50.	<u>Huntington's Disease Funding</u>									
	<b>Senate Changes</b>									
	The Senate budget included funding for Huntington's disease programming.	Gross	0	0	100,000	0	50,000	0	100,000	0
		Restricted	0	0	0	0	50,000	0	0	50,000
		GF/GP	0	0	100,000	0	0	0	100,000	0
	<b>House Changes</b>									
	The House rejected this increase.									
	<b>Conference Committee Changes</b>									
	The Conference Committee appropriated \$50,000 in Healthy Michigan Fund revenue for this program.									



							CHANGE TO FY 2005-06 YEAR-TO-DATE:				
							GOVERNOR	SENATE	HOUSE	CONFERENCE	
FY 2005-06 YEAR-TO-DATE							FY 2006-07 GOVERNOR	FY 2006-07 SENATE	FY 2006-07 HOUSE	FY 2006-07 CONFERENCE	
DEPARTMENT OF COMMUNITY HEALTH											
CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION (continued)											
51.	<u>Diabetes Funding</u>										
Senate Changes											
The Senate included \$25,000 in funding for a		Gross	0	0	25,000	0	25,000	0	25,000	0	25,000
Muskegon diabetes project.		GF/GP	0	0	25,000	0	25,000	0	25,000	0	25,000
House Changes											
The House rejected the Muskegon funding but included a \$250,000 increase for diabetes programming via the Healthy Michigan Fund (see the Healthy Michigan Fund item above).											
Conference Committee Changes											
Concurred with the Senate.											

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
							GOVERNOR	SENATE	HOUSE	CONFERENCE
<b>DEPARTMENT OF COMMUNITY HEALTH</b>										
<b>FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES</b>										
52.	<u>Recognize New FTEs</u>									
	The Executive budget reflected on-board FTEs in the Childhood Lead (1.0) and Special Projects (2.0) lines.	FTE	NA	NA	NA	NA	3.0	3.0	3.0	3.0
		Gross	181,392,100	181,392,100	181,392,100	181,392,100	0	0	0	0
		Federal	131,317,800	131,317,800	131,317,800	131,317,800	0	0	0	0
		Private	50,074,300	50,074,300	50,074,300	50,074,300	0	0	0	0
		GF/GP	0	0	0	0	0	0	0	0
53.	<u>Transfer Funding for 0-3 Program</u>									
	<b>House Changes</b>									
	The House transferred funding for the Early Childhood Collaborative Secondary Prevention program to the Department of Human Services.	Gross	524,000	524,000	524,000	0	0	0	(524,000)	0
		GF/GP	524,000	524,000	524,000	0	0	0	(524,000)	0
	<b>Conference Committee Changes</b>									
	Concurred with the Senate.									
54.	<u>Increase Funding for Infant Mortality Programming</u>									
	<b>House Changes</b>									
	The House increased funding for efforts to reduce infant mortality.	Gross	NA	NA	NA	NA	0	0	240,000	0
		GF/GP	NA	NA	NA	NA	0	0	240,000	0
	<b>Conference Committee Changes</b>									
	Concurred with the Senate.									
55.	<u>Safe Delivery of Newborns Act Website</u>									
	<b>House Changes</b>									
	The House provided funding for a website to promote the Safe Delivery of Newborns Act.	Gross	0	0	0	30,000	0	0	30,000	30,000
		GF/GP	0	0	0	30,000	0	0	30,000	30,000
	<b>Conference Committee Changes</b>									
	Concurred with the House.									
56.	<u>Ultrasound Equipment Fund</u>									
	<b>House Changes</b>									
	The House provided funding to support an Ultrasound Equipment Fund line item.	Gross	0	0	0	100,000	0	0	100,000	0
		GF/GP	0	0	0	100,000	0	0	100,000	0
	<b>Conference Committee Changes</b>									
	Concurred with the Senate.									

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
							GOVERNOR	SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH										
WOMEN, INFANTS, AND CHILDREN (WIC) FOOD AND NUTRITION PROGRAM										
57.	<u>Adjust out FY 2005-06 Supplemental Funding</u>									
	The FY 2005-06 supplemental bill, Senate Bill 242, included one-time revenue for WIC.	Gross	NA	NA	NA	NA	(2,059,000)	(2,059,000)	(2,059,000)	(2,059,000)
	This funding was not recognized in the FY 2006-07 budget.	Federal	NA	NA	NA	NA	(2,001,000)	(2,001,000)	(2,001,000)	(2,001,000)
		Private	NA	NA	NA	NA	(58,000)	(58,000)	(58,000)	(58,000)
		GF/GP	NA	NA	NA	NA	0	0	0	0

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
							GOVERNOR	SENATE	HOUSE	CONFERENCE
		FY 2005-06 YEAR-TO-DATE	FY 2006-07 GOVERNOR	FY 2006-07 SENATE	FY 2006-07 HOUSE	FY 2006-07 CONFERENCE				
<b>DEPARTMENT OF COMMUNITY HEALTH</b>										
<b>CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS)</b>										
58.	<u>Base and Caseload Adjustment</u>									
	The Executive budget included a base and caseload adjustment for the Children's Special Health Care Services Medical Care and Treatment line.	Gross Federal Restricted GF/GP	177,626,400 85,784,700 1,800,000 90,041,700	185,480,200 90,984,800 1,800,000 92,695,400	185,480,200 90,984,800 1,800,000 92,695,400	185,480,200 90,984,800 1,800,000 92,695,400	7,853,800 5,200,100 0 2,653,700	7,853,800 5,200,100 0 2,653,700	7,853,800 5,200,100 0 2,653,700	7,853,800 5,200,100 0 2,653,700
59.	<u>Transfer of Staff from Medical Services Administration</u>									
	The budget included the transfer of one staff person from the Medical Services Administration to the CSHCS administrative line.	FTE Gross Federal GF/GP	1.0 85,700 36,400 49,300	1.0 85,700 36,400 49,300	1.0 85,700 36,400 49,300	1.0 85,700 36,400 49,300	0.0 0 0 0	0.0 0 0 0	0.0 0 0 0	0.0 0 0 0
60.	<u>Change Line Item Name</u>									
	The Executive budget renamed the "Conveyor Contract" line as the "Non-Emergency Medical Transportation" line.	Gross Federal GF/GP	1,235,300 250,200 985,100	1,235,300 250,200 985,100	1,235,300 250,200 985,100	1,235,300 250,200 985,100	0 0 0	0 0 0	0 0 0	0 0 0
61.	<u>Recognize Actual Revenue</u>									
	The Executive budget recognized the actual anticipated Federal revenue.	Gross Federal GF/GP	3,828,700 1,875,300 1,953,400	4,021,700 2,068,300 1,953,400	4,021,700 2,068,300 1,953,400	4,021,700 2,068,300 1,953,400	193,000 193,000 0	193,000 193,000 0	193,000 193,000 0	193,000 193,000 0
62.	<u>Correct Fund Source for Repayment</u>									
	The budget corrected a prior fund source adjustment for repayment agreements.	Gross Federal Restricted GF/GP	177,626,400 85,784,700 1,800,000 90,041,700	177,626,400 85,650,200 1,934,500 90,041,700	177,626,400 85,650,200 1,934,500 90,041,700	177,626,400 85,650,200 1,934,500 90,041,700	0 (134,500) 134,500 0	0 (134,500) 134,500 0	0 (134,500) 134,500 0	0 (134,500) 134,500 0

							CHANGE TO FY 2005-06 YEAR-TO-DATE:				
							GOVERNOR	SENATE	HOUSE	CONFERENCE	
		FY 2005-06 YEAR-TO-DATE	FY 2006-07 GOVERNOR	FY 2006-07 SENATE	FY 2006-07 HOUSE	FY 2006-07 CONFERENCE					
DEPARTMENT OF COMMUNITY HEALTH											
OFFICE OF DRUG CONTROL POLICY											
63.	<u>Points of Difference in Unit</u>										
	<b>House Changes</b>										
	The House made \$100 reductions in the	Gross	26,770,300	26,770,300	26,770,300	26,770,100	26,770,300	0	0	(200)	0
	Anti-drug Abuse Grants and Drug Treatment	Federal	26,770,300	26,770,300	26,770,300	26,770,100	26,770,300	0	0	(200)	0
	Court IDG line items to create points of difference with the Senate.	GF/GP	0	0	0	0	0	0	0	0	0
	<b>Conference Committee Changes</b>										
	Concurred with the Senate.										
64.	<u>Increased Funding for Anti-Drug Abuse Grants</u>										
	<b>House Changes</b>										
	The House increased funding in the Anti-Drug	Gross	24,970,300	24,970,300	24,970,300	26,205,400	26,205,400	0	0	1,235,100	1,235,100
	Abuse Grants line.	Federal	24,970,300	24,970,300	24,970,300	24,970,300	24,970,300	0	0	0	0
		GF/GP	0	0	0	1,235,100	1,235,100	0	0	1,235,100	1,235,100
	<b>Conference Committee Changes</b>										
	Concurred with the House.										

						CHANGE TO FY 2005-06 YEAR-TO-DATE:			
						GOVERNOR	SENATE	HOUSE	CONFERENCE
	FY 2005-06 YEAR-TO-DATE	FY 2006-07 GOVERNOR	FY 2006-07 SENATE	FY 2006-07 HOUSE	FY 2006-07 CONFERENCE				
<b>DEPARTMENT OF COMMUNITY HEALTH</b>									
<b>CRIME VICTIM SERVICES COMMISSION</b>									
65. <u>Recognize Increased Rights Grants</u>									
The budget reflected the expected level of funding for crime victims grants.									
Gross	9,655,300	10,800,000	10,800,000	10,800,000	10,800,000	1,144,700	1,144,700	1,144,700	1,144,700
Federal	1,370,000	1,500,000	1,500,000	1,500,000	1,500,000	130,000	130,000	130,000	130,000
Restricted	8,285,300	9,300,000	9,300,000	9,300,000	9,300,000	1,014,700	1,014,700	1,014,700	1,014,700
GF/GP	0	0	0	0	0	0	0	0	0

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
							GOVERNOR	SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH										
OFFICE OF SERVICES TO THE AGING										
66.	<u>Roll-Out of Senior Volunteer Services Line</u>									
<b>House Changes</b>										
The House rolled out the Senior Volunteer		Gross	5,624,900	5,624,900	5,624,900	5,624,900	0	0	0	0
Services line into three line items: Foster		GF/GP	5,624,900	5,624,900	5,624,900	5,624,900	0	0	0	0
Grandparent Volunteer Program (\$2,813,500),										
Retired and Senior Volunteer Program										
(\$790,200), and the Senior Companion										
Volunteer Program (\$2,021,200).										
<b>Conference Committee Changes</b>										
Concurred with the House.										

							CHANGE TO FY 2005-06 YEAR-TO-DATE:				
	FY 2005-06 YEAR-TO-DATE	FY 2006-07 GOVERNOR	FY 2006-07 SENATE	FY 2006-07 HOUSE	FY 2006-07 CONFERENCE		GOVERNOR	SENATE	HOUSE	CONFERENCE	
DEPARTMENT OF COMMUNITY HEALTH											
MICHIGAN FIRST HEALTHCARE PLAN											
67.	Establish Program										
	The Executive budget included \$200 million for the proposed Michigan First Healthcare Plan. This proposal, which would expand health insurance coverage to non-Medicaid eligible adults under 200% of poverty, would take effect April 1, 2007. The program would require a Federal waiver to make the money available.	Gross Federal GF/GP	0 0 0	200,000,000 200,000,000 0	200,000,000 200,000,000 0	100 100 0	100,000,000 100,000,000 0	200,000,000 200,000,000 0	200,000,000 200,000,000 0	100 100 0	100,000,000 100,000,000 0
	House Changes The House left a \$100 placeholder for this program.										
	Conference Committee Changes The Conference Committee included \$100 million in placeholder funding.										



							CHANGE TO FY 2005-06 YEAR-TO-DATE:				
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DEPARTMENT OF COMMUNITY HEALTH											
MEDICAL SERVICES ADMINISTRATION											
68.	<u>Increased Staffing to Handle Programming</u>										
	The budget included additional staff and support funding to the Medical Services Administration to cover the increased workload related to recent initiatives.	FTE	336.4	342.4	342.4	345.4	346.4	6.0	6.0	9.0	10.0
		Gross	53,812,500	54,908,400	54,908,400	54,822,400	54,908,400	1,095,900	1,095,900	1,009,900	1,095,900
		Federal	37,312,900	37,860,900	37,860,900	37,817,900	37,860,900	548,000	548,000	505,000	548,000
		GF/GP	16,499,600	17,047,500	17,047,500	17,004,500	17,047,500	547,900	547,900	504,900	547,900
<b>House Changes</b>											
The House removed the funding for staff to do the carve-in of Graduate Medical Education as this proposal was rejected by the House. The House also adjusted the FTE count to reflect actual anticipated FTEs.											
<b>Conference Committee Changes</b>											
Concur with the Senate on dollars, with the House on the technical FTE adjustments.											

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
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DEPARTMENT OF COMMUNITY HEALTH										
MEDICAL SERVICES (MEDICAID)										
69.	<u>Technical Adjustments to the FY 2006-07 Medicaid Budget</u>									
a.	<u>FY 2005-06 Changes to Quality Assurance Assessment Programs (QAAPs)</u>									
	The Executive budget reflected changes to the nursing home and hospital QAAPs related to the larger tax base as well as fund source adjustments.	Gross	NA	NA	NA	NA	77,365,200	77,365,200	77,365,200	77,365,200
		Federal	NA	NA	NA	NA	43,618,500	43,618,500	43,618,500	43,618,500
		Restricted	NA	NA	NA	NA	33,746,700	33,746,700	33,746,700	33,746,700
		GF/GP	NA	NA	NA	NA	0	0	0	0
b.	<u>Adjust Savings from Copayments</u>									
	The budget adjusted the projected FY 2005-06 savings from copayments to reflect the actual anticipated savings.	Gross	NA	NA	NA	NA	(196,700)	(11,659,100)	(6,096,700)	(496,500)
		Federal	NA	NA	NA	NA	(110,900)	(6,573,300)	(3,437,300)	(279,800)
		GF/GP	NA	NA	NA	NA	(85,800)	(5,085,800)	(2,659,400)	(216,700)
	<b>Senate Changes</b> The Senate bill included boilerplate language directing the Department to adjust copayments and premiums per the Federal Deficit Reduction Act, leading to increased savings.									
	<b>House Changes</b> The House included language similar to the Senate directing the Department to adjust copayments and premiums. The House also increased the non-emergency emergency room visit copay from \$3 to \$6, for a savings of \$300,000 Gross; \$130,900 GF/GP.									
	<b>Conference Committee Changes</b> Included the House proposal on increasing the emergency room copay, but no other provisions from either proposal.									

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							GOVERNOR	SENATE	HOUSE	CONFERENCE	
DEPARTMENT OF COMMUNITY HEALTH											
MEDICAL SERVICES (continued)											
70.	FY 2006-07 Medicaid Base, Caseload, and Utilization Adjustments										
a.	Medicaid Base										
	The Executive budget included adjustments to the Medicaid base to reflect anticipated caseload, utilization, and inflation. This funding is tied to an estimated Medicaid caseload of 1,539,000, which would be up about 3% from the estimated FY 2005-06 caseload.	Gross	6,053,841,200	6,205,441,200	6,205,441,200	6,205,441,200	6,257,519,500	151,600,000	151,600,000	151,600,000	203,678,300
		Federal	3,470,821,600	3,556,275,300	3,556,275,300	3,556,275,300	3,586,340,600	85,453,700	85,453,700	85,453,700	115,519,000
		Local	10,283,800	10,283,800	10,283,800	10,283,800	10,283,800	0	0	0	0
		Restricted	1,085,185,500	1,085,185,500	1,085,185,500	1,085,185,500	1,085,185,500	0	0	0	0
		Tobacco	113,400,000	113,400,000	113,400,000	113,400,000	113,400,000	0	0	0	0
		GF/GP	1,374,150,300	1,440,296,600	1,440,296,600	1,440,296,600	1,462,309,600	66,146,300	66,146,300	66,146,300	88,159,300
b.	Adult Benefits Waiver										
	The budget included a 6.5% base adjustment for the Adult Benefits waiver program, related to pharmaceutical costs.	Gross	95,696,400	102,213,900	102,213,900	102,213,900	117,844,800	6,517,500	6,517,500	6,517,500	22,148,400
		Federal	65,448,400	69,976,100	69,976,100	69,976,100	80,834,900	4,527,700	4,527,700	4,527,700	15,386,500
		Local	6,653,800	6,653,800	6,653,800	6,653,800	6,653,800	0	0	0	0
		Restricted	6,100,000	6,100,000	6,100,000	6,100,000	6,100,000	0	0	0	0
		GF/GP	17,494,200	19,484,000	19,484,000	19,484,000	24,256,100	1,989,800	1,989,800	1,989,800	6,761,900
c.	Medicare Part D										
	The Medicare Part D program started on January 1, 2006, so the budget included an adjustment to cover the full-year cost of the program, along with other smaller adjustments related to inflation and utilization.	Gross	NA	NA	NA	NA	NA	53,900,000	39,350,000	38,804,000	30,726,900
		Federal	NA	NA	NA	NA	NA	0	0	0	0
		Local	NA	NA	NA	NA	NA	0	0	0	0
		Restricted	NA	NA	NA	NA	NA	0	0	0	0
		GF/GP	NA	NA	NA	NA	NA	53,900,000	39,350,000	38,804,000	30,726,900
Senate Changes											
Based on more recent information, the Senate bill adjusted the cost estimate.											
House Changes											
The House made a further adjustment.											
Conference Committee Changes											
The Conference Committee incorporated the consensus agreement on Medicaid funding, but added \$3 million GF/GP to the Adult Benefits Waiver line.											

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FY 2005-06 YEAR-TO-DATE							FY 2006-07 GOVERNOR SENATE HOUSE CONFERENCE			
<b>DEPARTMENT OF COMMUNITY HEALTH</b>										
<b>MEDICAL SERVICES (continued)</b>										
71.	<u>Medicaid Special Financing Adjustments</u>									
a.	<u>School-Based Services Adjustment</u>									
	The Executive budget included an adjustment to reflect actual revenues for the School-Based Services program.	Gross	NA	NA	NA	NA	7,614,300	7,614,300	7,614,300	7,614,300
		Federal	NA	NA	NA	NA	12,690,500	12,690,500	12,690,500	12,690,500
		GF/GP	NA	NA	NA	NA	(5,076,200)	(5,076,200)	(5,076,200)	(5,076,200)
b.	<u>Medicaid "Special Financing" Adjustments</u>									
	The Executive made several adjustments to so-called Medicaid "special financing", to reflect special financing mechanisms which should be available in FY 2006-07.	Gross	NA	NA	NA	NA	4,190,200	4,190,200	4,190,300	4,190,200
		Federal	NA	NA	NA	NA	1,894,100	1,894,100	1,894,100	1,894,100
		Local	NA	NA	NA	NA	0	0	0	0
		Restricted	NA	NA	NA	NA	4,190,200	3,190,200	4,190,200	3,190,200
		GF/GP	NA	NA	NA	NA	(1,894,100)	(894,100)	(1,894,000)	(894,100)
	<b>Senate Changes</b> The Senate bill included language allowing Hurley hospital to retain \$1 million of the intergovernmental transfer.									
	<b>House Changes</b> The House left a \$100 placeholder for this item.									
	<b>Conference Committee Changes</b> Concurred with the Senate.									
c.	<u>Change Line Item Name and Transfer Hutzel Money</u>									
	The budget transferred just over \$33 million in a special adjustor payment to Hutzel Hospital to the Special Adjustor Payments line item, then renamed the entire line as the "Special Medicaid Payments" line.	Gross	33,012,400	33,012,400	33,012,400	33,012,400	0	0	0	0
		Federal	18,721,300	18,721,300	18,721,300	18,721,300	0	0	0	0
		Local	0	0	0	0	0	0	0	0
		Restricted	14,291,100	14,291,100	14,291,100	14,291,100	0	0	0	0
		GF/GP	0	NA	NA	NA	0	0	0	0

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DEPARTMENT OF COMMUNITY HEALTH										
<b>MEDICAL SERVICES (continued)</b>										
72.	<u>Medicaid Fund Source Adjustments</u>									
a.	<u>Recognize Additional Medicaid Benefits Trust Fund Revenue</u>									
	Due to increased available tobacco tax revenue, the budget reflected an increase in Medicaid Benefits Trust Fund revenue.	Gross	NA	NA	NA	NA	0	0	0	0
		Restricted	NA	NA	NA	NA	30,000,000	30,000,000	30,000,000	49,400,000
		GF/GP	NA	NA	NA	NA	(30,000,000)	(30,000,000)	(30,000,000)	(49,400,000)
<b>Conference Committee Changes</b>										
The Conference Committee reflected the Leadership estimate of available tobacco tax revenue.										
b.	<u>Adjust Out One-Time Revenue from FY 2005-06</u>									
	One-time revenue related to lawsuit settlements was adjusted out from the budget.	Gross	NA	NA	NA	NA	9,905,600	9,905,600	9,905,600	9,905,600
		Federal	NA	NA	NA	NA	5,584,800	5,584,800	5,584,800	5,584,800
		Restricted	NA	NA	NA	NA	(3,000,000)	(3,000,000)	(3,000,000)	(3,000,000)
		GF/GP	NA	NA	NA	NA	7,320,800	7,320,800	7,320,800	7,320,800
c.	<u>Adjust Indigent Care Agreements to DSH Limit</u>									
	The budget adjusted county indigent care program funding to the Disproportionate Share Hospital (DSH) limit.	Gross	NA	NA	NA	NA	(648,900)	(648,900)	(648,900)	(648,900)
		Federal	NA	NA	NA	NA	(1,567,800)	(1,567,800)	(1,567,800)	(1,567,800)
		Local	NA	NA	NA	NA	918,900	918,900	918,900	918,900
		Private	NA	NA	NA	NA	0	0	0	0
		GF/GP	NA	NA	NA	NA	0	0	0	0
73.	<u>Termination of Elder Prescription Insurance Coverage (EPIC) Program</u>									
	Due to the implementation of the Federal Medicare Part D pharmaceutical program, the EPIC program will be terminated during FY 2005-06. The Tobacco Settlement funding used for this program will be transferred to support the Pharmaceutical Services line item, thus leading to a \$3.9 million GF/GP savings.	Gross	3,900,000	0	0	0	(3,900,000)	(3,900,000)	(3,900,000)	(3,900,000)
		Tobacco	3,900,000	3,900,000	3,900,000	3,900,000	0	0	0	0
		GF/GP	0	(3,900,000)	(3,900,000)	(3,900,000)	(3,900,000)	(3,900,000)	(3,900,000)	(3,900,000)

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							</			

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
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DEPARTMENT OF COMMUNITY HEALTH										
<b>MEDICAL SERVICES (continued)</b>										
74. <u>Medicaid Cost Reduction Measures (continued)</u>										
d. <u>Carve Graduate Medicaid Education into HMO Line and Take QAAP Savings</u>										
The Executive budget proposed transferring \$100 million in Graduate Medical Education funding to the HMO line. It would be paid to hospitals by HMOs, which would make the funding subject to the HMO QAAP, allowing the State to gainshare and take a GF/GP savings.	Gross	NA	NA	NA	NA	NA	6,000,000	6,000,000	0	6,000,000
	Federal	NA	NA	NA	NA	NA	3,382,800	3,382,800	0	3,382,800
	Restricted	NA	NA	NA	NA	NA	6,000,000	6,000,000	0	6,000,000
	GF/GP	NA	NA	NA	NA	NA	(3,382,800)	(3,382,800)	0	(3,382,800)
<b>House Changes</b>										
The House rejected this proposal.										
<b>Conference Committee Changes</b>										
Concurred with the Senate.										
e. <u>Increase Hospital QAAP and Put Through HMOs</u>										
The Executive proposed increasing the Hospital QAAP tax rate by 1%. At the same time hospital diagnosis related group (DRG) rates would be increased. This DRG rate increase would affect both the fee-for-service and managed care hospital payments. The QAAP revenue would then be given to the Medicaid HMOs as part of a rate increase and, after being combined with Federal match, would be flowed through to the hospitals. The end result would be a net increase in hospital funding of about \$150 million, and gainsharing savings for the State of \$30 million GF/GP.	Gross	NA	NA	NA	NA	NA	316,097,400	316,097,400	316,097,400	316,097,400
	Federal	NA	NA	NA	NA	NA	178,215,700	178,215,700	178,215,700	178,215,700
	Restricted	NA	NA	NA	NA	NA	167,881,700	167,881,700	167,881,700	167,881,700
	GF/GP	NA	NA	NA	NA	NA	(30,000,000)	(30,000,000)	(30,000,000)	(30,000,000)

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
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DEPARTMENT OF COMMUNITY HEALTH										
<b>MEDICAL SERVICES (continued)</b>										
74.	<u>Medicaid Cost Reduction Measures (continued)</u>									
	f. <u>Carve Anti-Depressant Pharmaceutical Costs Into HMO Line</u>									
	The budget would transfer \$86,674,300 in anti-depressant pharmaceutical costs to the HMO line, increasing the HMO QAAP base and allowing for gainsharing savings. This would not be feasible unless the Federal government allows the collection of rebates for Medicaid HMO pharmaceuticals.	Gross	NA	NA	NA	NA	5,512,500	5,512,500	5,512,500	5,512,500
		Federal	NA	NA	NA	NA	3,107,900	3,107,900	3,107,900	3,107,900
		Restricted	NA	NA	NA	NA	5,512,500	5,512,500	5,512,500	5,512,500
		GF/GP	NA	NA	NA	NA	(3,107,900)	(3,107,900)	(3,107,900)	(3,107,900)
	g. <u>Carve Anti-Psychotic Pharmaceutical Costs into CMH Line</u>									
	The budget would transfer \$149,136,400 in anti-psychotic pharmaceutical costs to the CMH line, increasing the CMH QAAP base and allowing for gainsharing savings. This would not be feasible unless the Federal government allows the collection of rebates for Medicaid HMO pharmaceuticals.	FTE	NA	NA	NA	NA	1.0	1.0	1.0	1.0
		Gross	NA	NA	NA	NA	9,571,100	9,571,100	9,571,100	9,571,100
		Federal	NA	NA	NA	NA	5,390,700	5,390,700	5,390,700	5,390,700
		Restricted	NA	NA	NA	NA	9,485,100	9,485,100	9,485,100	9,485,100
		GF/GP	NA	NA	NA	NA	(5,304,700)	(5,304,700)	(5,304,700)	(5,304,700)
	h. <u>Increase Staffing to Do Asset Transfer Lookbacks and Internal Audits</u>									
	<b>Senate Changes</b>									
	The Senate budget included funding for staffing in the Department of Human Services (DHS) and in the Medical Services Administration (MSA). \$1 million GF apiece, with \$1 million apiece in Federal match, would go towards these efforts. The budget assumed \$7 million in GF/GP savings from reductions in asset transfers and savings from internal audits.	FTE	NA	NA	NA	NA	0.0	23.0	23.0	23.0
		Gross	NA	NA	NA	NA	0	(12,047,700)	(14,047,700)	(12,047,700)
		Federal	NA	NA	NA	NA	0	(7,047,700)	(8,047,700)	(7,047,700)
		GF/GP	NA	NA	NA	NA	0	(5,000,000)	(6,000,000)	(5,000,000)
	<b>House Changes</b>									
	The House transferred the DHS funding to that Department.									
	<b>Conference Committee Changes</b>									
	Concurred with the Senate.									



							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
							GOVERNOR	SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH										
<b>MEDICAL SERVICES (continued)</b>										
74.	<u>Medicaid Cost Reduction Measures (continued)</u>									
i.	<u>Savings from Federal Deficit Reduction Act</u>									
	<b>Senate Changes</b>									
	The Federal Deficit Reduction Act included a number of provisions intended to reduce Medicaid costs. The tightening of asset transfer rules for those entering into long term care has been estimated to produce both Federal and State savings.	Gross Federal	NA	NA	NA	NA	0	(11,462,400)	(11,462,500)	(21,956,200)
		GF/GP	NA	NA	NA	NA	0	(6,462,400)	(6,462,500)	(12,378,900)
			NA	NA	NA	NA	0	(5,000,000)	(5,000,000)	(9,577,300)
	<b>House Changes</b>									
	The House created a \$100 point of difference.									
	<b>Conference Committee Changes</b>									
	The Conference Committee assumed greater savings.									
j.	<u>Recovery of Pharmaceutical Overpayments</u>									
	<b>Senate Changes</b>									
	A recent report from the State Auditor General identified overpayments for Medicaid pharmaceutical services for clients who had Medicare or other private insurance coverage. Estimated recoveries included \$6.7 million GF from Medicare, \$1.3 million GF from third party liability, and \$2.0 million GF from ongoing recoveries.	Gross Federal	NA	NA	NA	NA	0	(22,924,800)	(22,924,900)	(22,924,800)
		GF/GP	NA	NA	NA	NA	0	(12,924,800)	(12,924,900)	(12,924,800)
			NA	NA	NA	NA	0	(10,000,000)	(10,000,000)	(10,000,000)
	<b>House Changes</b>									
	The House created a \$100 point of difference.									
	<b>Conference Committee Changes</b>									
	Concurred with the Senate.									
k.	<u>Preferred Provider List for Durable Medical Equipment</u>									
	<b>Senate Changes</b>									
	The Senate budget took savings from a proposal to institute a preferred provider list for durable medical equipment.	Gross Federal	NA	NA	NA	NA	0	(1,146,200)	(7,000,000)	0
		GF/GP	NA	NA	NA	NA	0	(646,200)	(3,946,600)	0
			NA	NA	NA	NA	0	(500,000)	(3,053,400)	0
	<b>House Changes</b>									
	The House assumed greater savings from this proposal.									
	<b>Conference Committee Changes</b>									
	Concurred with the policy but assumed no savings.									

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
							GOVERNOR	SENATE	HOUSE	CONFERENCE
			FY 2005-06 YEAR-TO-DATE	FY 2006-07 GOVERNOR	FY 2006-07 SENATE	FY 2006-07 HOUSE	FY 2006-07 CONFERENCE			
<b>DEPARTMENT OF COMMUNITY HEALTH</b>										
<b>MEDICAL SERVICES (continued)</b>										
74.	<u>Medicaid Cost Reduction Measures (continued)</u>									
	I. <u>Monthly Notification of HMOs of Changes in Medicaid Rolls</u>									
	<b>Senate Changes</b>									
	The Senate budget took savings from	Gross	NA	NA	NA	NA	NA	0	(1,146,200)	0
	monthly notification of health plans of	Federal	NA	NA	NA	NA	NA	0	(646,200)	0
	changes in those who are enrolled in	GF/GP	NA	NA	NA	NA	NA	0	(500,000)	0
	Medicaid.									
	<b>House Changes</b>									
	The House rejected this proposal.									
	<b>Conference Committee Changes</b>									
	Concurred with the House.									
75.	<u>Increase Adult Home Help Minimum Payment Rate</u>									
	The Executive budget proposed setting a	Gross	NA	NA	NA	NA	NA	20,000,000	20,000,000	15,945,300
	\$6.60 per hour floor for wages paid to those	Federal	NA	NA	NA	NA	NA	11,276,000	11,276,000	8,990,000
	providing Adult Home Help services. This	GF/GP	NA	NA	NA	NA	NA	8,724,000	8,724,000	6,955,300
	would affect services in 45 of the 83 counties,									13,724,000
	covering about 75% of the program									
	caseload.									
	<b>Senate Changes</b>									
	The Senate budget concurred with the Gross									
	funding for the increase but would distribute									
	the funding in a different manner: A									
	minimum 55 cents per hour increase for									
	all counties and a \$6.10 per hour floor for									
	wages.									
	<b>House Changes</b>									
	The House excluded relatives of clients from the									
	wage increase.									
	<b>Conference Committee Changes</b>									
	The Conference Committee reflected the									
	Leadership agreement to increase AHH wages									
	that are below the new minimum wage to the									
	minimum wage. The Conference Committee									
	included a 50 cent per hour increase for									
	those AHH workers who are already being									
	paid at least \$7 per hour.									

							CHANGE TO FY 2005-06 YEAR-TO-DATE:				
							GOVERNOR	SENATE	HOUSE	CONFERENCE	
							GOVERNOR	SENATE	HOUSE	CONFERENCE	
DEPARTMENT OF COMMUNITY HEALTH											
MEDICAL SERVICES (continued)											
76.	Set Actuarially Sound Medicaid HMO Rates										
	The Executive budget included funding to cover an estimated 5% rate increase in Medicaid HMO rates. This rate increase would be necessary to meet Federal actuarial soundness requirements.	Gross Federal Local Restricted Tobacco GF/GP	1,935,938,100 1,102,030,700 3,665,000 248,316,200 50,300,000 531,626,200	1,991,271,200 1,133,227,500 3,665,000 248,316,200 50,300,000 555,762,500	1,991,271,200 1,133,227,500 3,665,000 248,316,200 50,300,000 555,762,500	1,991,271,100 1,133,227,400 3,665,000 248,316,200 50,300,000 574,082,900	2,033,271,100 1,156,907,000 3,665,000 248,316,200 50,300,000	55,333,100 31,196,800 0 0 0 24,136,300	55,333,100 31,196,800 0 0 0 24,136,300	55,333,000 31,196,700 0 0 0 24,136,300	97,333,000 54,876,300 0 0 0 42,456,700
	House Changes The House created a \$100 point of difference with the Senate.										
	Conference Committee Changes The Conference Report reflected the Leadership agreement on the cost of actuarially sound rates.										
77.	Federal Waiver to Support Medical Technology										
	Senate Changes The Senate bill included placeholder funding for a proposed Federal waiver. This waiver would provide funding for health care information technology initiatives similar to those recently approved by the Federal government for New York.	Gross Federal GF/GP	0 0 0	0 0 0	10,000,000 10,000,000 0	9,500,000 2,250,000 7,250,000	9,500,000 2,250,000 7,250,000	0 0 0	10,000,000 10,000,000 0	9,500,000 2,250,000 7,250,000	9,500,000 2,250,000 7,250,000
	House Changes The House created a new line item in the Medical Services Administration to support health information technology efforts.										
	Conference Committee Changes Concurred with the House.										
78.	Federal Waiver to Support Healthy Behaviors										
	Senate Changes The Senate bill included placeholder for a proposed Federal waiver. This waiver would provide funding to support financial incentives for positive health behavior, with funding put into individual health accounts, similar to a waiver recently approved by the Federal government for Florida.	Gross Federal GF/GP	0 0 0	0 0 0	10,000,000 10,000,000 0	9,999,900 9,999,900 0	10,000,000 10,000,000 0	0 0 0	10,000,000 10,000,000 0	9,999,900 9,999,900 0	10,000,000 10,000,000 0
	House Changes The House created a \$100 point of difference.										
	Conference Committee Changes Concurred with the Senate.										

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
							GOVERNOR	SENATE	HOUSE	CONFERENCE

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
							GOVERNOR	SENATE	HOUSE	CONFERENCE
DEPARTMENT OF COMMUNITY HEALTH										
<b>MEDICAL SERVICES (continued)</b>										
84.	<u>Rate Increase for Physicians</u>									
	<b>House Changes</b>									
	The House included funding to increase rates paid for Medicaid Physician Services by 4%, both for fee-for-service and managed care.	Gross	NA	NA	NA	NA	0	0	33,247,100	16,623,600
		Federal	NA	NA	NA	NA	0	0	18,744,700	9,372,400
		GF/GP	NA	NA	NA	NA	0	0	14,502,400	7,251,200
	<b>Conference Committee Changes</b>									
	The Conference Committee included funding to cover a 2% increase, with the increased funding targeted to well child visits and primary care services.									
85.	<u>Case Management Savings</u>									
	<b>House Changes</b>									
	The House assumed savings from increased case management for high cost Medicaid cases.	Gross	NA	NA	NA	NA	0	0	(5,000,000)	(10,000,000)
		Federal	NA	NA	NA	NA	0	0	(2,819,000)	(5,638,000)
		GF/GP	NA	NA	NA	NA	0	0	(2,181,000)	(4,362,000)
	<b>Conference Committee Changes</b>									
	The Conference Committee assumed greater savings.									
86.	<u>Implementation of Non-Emergency Medical Transportation Contract</u>									
	<b>House Changes</b>									
	The House assumed savings from the implementation of a non-emergency medical transportation services contract.	Gross	8,738,300	8,738,300	8,738,300	6,538,300	0	0	(2,200,000)	0
		Federal	4,339,200	4,339,200	4,339,200	3,239,200	0	0	(1,100,000)	0
		GF/GP	4,339,100	4,339,100	4,339,100	3,239,100	0	0	(1,100,000)	0
	<b>Conference Committee Changes</b>									
	Concurred with the Senate.									
87.	<u>Increase in Premium for MChild Program</u>									
	<b>House Changes</b>									
	The House proposed increasing the premium for the MChild Program to \$10 per month.	Gross	47,875,600	47,875,600	47,875,600	46,575,600	0	0	(1,300,000)	(1,300,000)
		Federal	35,931,400	35,931,400	35,931,400	35,028,300	0	0	(903,100)	(903,100)
		GF/GP	11,944,200	11,944,200	11,944,200	11,547,300	0	0	(396,900)	(396,900)
	<b>Conference Committee Changes</b>									
	Concurred with the House.									

							CHANGE TO FY 2005-06 YEAR-TO-DATE:				
							GOVERNOR	SENATE	HOUSE	CONFERENCE	
		FY 2005-06 YEAR-TO-DATE	FY 2006-07 GOVERNOR	FY 2006-07 SENATE	FY 2006-07 HOUSE	FY 2006-07 CONFERENCE					
DEPARTMENT OF COMMUNITY HEALTH											
MEDICAL SERVICES (continued)											
88.	Assumed Increase in Pharmacy Quality Improvement Savings										
House Changes											
The House assumed increased savings from the pharmacy quality improvement program.		Gross	315,001,600	315,001,600	315,001,600	312,001,600	310,855,300	0	0	(3,000,000)	(4,146,300)
		Federal	182,116,200	182,116,200	182,116,200	180,424,800	179,778,500	0	0	(1,691,400)	(2,337,700)
		Tobacco	32,600,000	32,600,000	32,600,000	32,600,000	32,600,000	0	0	0	0
		GF/GP	100,285,400	100,285,400	100,285,400	98,976,800	98,476,800	0	0	(1,308,600)	(1,808,600)
Conference Committee Changes											
The Conference Committee assumed greater savings.											
89.	Roll-Out of Line Items										
House Changes											
The House rolled out the Home Health line item into Home Health and Hospice Services,		Gross	NA	NA	NA	NA	NA	0	0	0	0
rolled out the Auxiliary Medical Services line item into Auxiliary Medical and Dental Services,		Federal	NA	NA	NA	NA	NA	0	0	0	0
and rolled out the Long Term Care Services line into Long-Term Care Services, Home and Community Based Waiver, Adult Home Help, Personal Care Services, PACE, and Single Point of Entry lines.		GF/GP	NA	NA	NA	NA	NA	0	0	0	0
Conference Committee Changes											
Concurred with the House.											
90.	Increase in Medicaid Payments to Outstate Hospitals										
House Changes											
The House included funding to increase Medicaid payments to outstate hospitals to cover the costs of uncompensated care.		Gross	NA	NA	NA	NA	NA	0	0	8,311,800	0
		Federal	NA	NA	NA	NA	NA	0	0	4,686,200	0
		GF/GP	NA	NA	NA	NA	NA	0	0	3,625,600	0
Conference Committee Changes											
Concurred with the Senate.											
91.	Health Information Electronic Exchange										
House Changes											
The House assumed savings from a proposed health information electronic exchange.		Gross	NA	NA	NA	NA	NA	0	0	(6,200,000)	(6,200,000)
		Federal	NA	NA	NA	NA	NA	0	0	(3,495,600)	(3,495,600)
		GF/GP	NA	NA	NA	NA	NA	0	0	(2,704,400)	(2,704,400)
Conference Committee Changes											
Concurred with the House.											

							CHANGE TO FY 2005-06 YEAR-TO-DATE:			
							GOVERNOR	SENATE	HOUSE	CONFERENCE
		FY 2005-06 YEAR-TO-DATE	FY 2006-07 GOVERNOR	FY 2006-07 SENATE	FY 2006-07 HOUSE	FY 2006-07 CONFERENCE				
<b>DEPARTMENT OF COMMUNITY HEALTH</b>										
<b>MEDICAL SERVICES (continued)</b>										
92.	<u>Executive Budget Revision for Family Planning Waiver</u>									
	The Revised Executive budget included adjustments to reflect the implementation of the Family Planning Waiver, which was recently approved by the Federal government.	FTE Gross Federal GF/GP	NA NA NA NA	NA NA NA NA	NA NA NA NA	NA NA NA NA	5.0 (1,650,800) (825,400) (825,400)	0.0 0 0 0	0.0 0 0 0	5.0 (1,650,800) (825,400) (825,400)
	<b>Conference Committee Changes</b> Concurred with the Revised Recommendation.									
93.	<u>Savings from Family Planning Waiver</u>									
	<b>Conference Committee Changes</b> The Conference Committee assumed greater net savings from the Family Planning Waiver than what was projected by the Executive.	Gross Federal GF/GP	NA NA NA	NA NA NA	NA NA NA	NA NA NA	0 0 0	0 0 0	0 0 0	(8,400,000) 1,600,000 (10,000,000)
94.	<u>Savings from Caseload Reduction</u>									
	<b>Conference Committee Changes</b> The Conference Committee assumed savings from a reduction in caseload due to the implementation of Medicaid asset testing.	Gross Federal GF/GP	NA NA NA	NA NA NA	NA NA NA	NA NA NA	0 0 0	0 0 0	0 0 0	(17,760,000) (10,013,100) (7,746,900)
95.	<u>QAAP Revenue Adjustment</u>									
	<b>Conference Committee Changes</b> The Conference Committee assumed revenue from the managed care portion of the physician rate increase would be subject to the HMO QAAP, producing a GF/GP savings.	Gross Federal Restricted GF/GP	NA NA NA NA	NA NA NA NA	NA NA NA NA	NA NA NA NA	0 0 0 0	0 0 0 0	0 0 0 0	886,800 500,000 886,800 (500,000)

# DEPARTMENT OF COMMUNITY HEALTH

## Boilerplate Summary

			FY 2006-2007			
			Executive	Senate	House	Conference
<b><u>GENERAL SECTIONS</u></b>						
1.	<b>Payments to units of local government.</b> Provides summary of total state spending from state resources for the Department in FY 2005-06. Provides further breakdown of state spending from state resources for the Department to local units of government in FY 2005-06.	Sec. 201.	Sec. 201. Amended to update dollar decisions. Updated for FY 2006-07.	Sec. 201. Amended to update dollar decisions. Updated for FY 2006-07.	Sec. 201. Amended to update dollar decisions. Updated for FY 2006-07.	Sec. 201. Amended to update dollar decisions. Updated for FY 2006-07.
2.	<b>Management and Budget Act. (1)</b> States that appropriations authorized under this act are subject to the Management and Budget Act (P.A. 431 of 1984). <b>(2)</b> States that funds for which the State is acting as custodian or agent are not subject to annual appropriations.	Sec. 202.	Sec. 202. <b>(1)</b> Replaces "article" with "bill".	Sec. 202. <b>(1)</b> Replaces "article" with "act".	Sec. 202. No change from current year.	Sec. 202. <b>(1)</b> Replaces "article" with "act".
3.	<b>Definitions.</b>	Sec. 203.	Sec. 203. Replaces "article" with "bill". Removes definition for EPIC program.	Sec. 203. Replaces "article" with "act". Removes definition for EPIC program.	Sec. 203. Removes definition for EPIC program.	Sec. 203. Replaces "article" with "act". Removes definition for EPIC program.
4.	<b>Civil Service 1% charges.</b> Requires Department of Civil Service to bill departments and agencies at the end of the first quarter of the fiscal year for the constitutionally authorized charge of 1% of the aggregate payroll of the classified civil service. Payment of the charges is to be made by the end of the second fiscal quarter.	Sec. 204.	Sec. 204. No change from current year.	Sec. 204. No change from current year.	Sec. 204. No change from current year.	Sec. 204. No change from current year.



## Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
5.	<b>Hiring Freeze. (1)</b> Imposes hiring freeze on State classified civil service. Prohibits State departments and agencies from hiring any new State classified civil service employees and from filling any vacant State classified civil service positions. <b>(2)</b> Exceptions to hiring freeze are to be granted when freeze will result inability to deliver basic services, cause loss of revenue to the State, result in the inability to receive Federal funds, or would necessitate additional expenditures that exceed savings from maintaining the vacancy. Requires quarterly report on exceptions to hiring freeze approved during previous quarter.	Sec. 205.	Sec. 205. No change from current year.	Sec. 205. No change from current year.	Sec. 205. No change from current year.	Sec. 205. No change from current year.
6.	<b>Contingency fund.</b> Authorizes contingency fund appropriations. Amount in these funds is not to exceed \$100 million Federal, \$20 million State Restricted, \$20 million Local and \$10 million Private.	New Executive section.	Sec. 206.	Not included.	Not included.	Not included.
7.	<b>Internet reporting.</b> Requires Department to use the internet to fulfill the reporting requirements of this act. This includes transmission of reports via E-mail or placement of reports on internet/intranet site.	Sec. 208.	Sec. 208. Replaces "article" with "bill".	Sec. 208. Replaces "article" with "act".	Sec. 208. No change from current year.	Sec. 208. Replaces "article" with "act".

Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
8.	<b>Buy American/Michigan intent language. (1)</b> Prohibits the use of funds for purchase of foreign goods/services if competitively priced and comparable quality American goods/services are available. <b>(2)</b> Prohibits the use of funds for purchase of out-of-state goods/services if competitively priced and comparable quality Michigan goods/services are available.	Sec. 209.	Sec. 209. <b>(1)</b> Changes "...priced and comparable quality..." to "priced and of comparable quality...". Adds "Preference should be given to goods or services, or both, manufactured or provided by Michigan business if they are competitively priced and of comparable quality." Strikes subsection <b>(2)</b> .	Sec. 209. No change from current year.	Sec. 209. No change from current year.	Sec. 209. No change from current year.
9.	<b>Deprived and depressed communities.</b> Requires Department Director to take all reasonable steps to ensure that businesses in deprived and depressed communities compete for and perform contracts. The Director is further required to encourage firms who contract with the Department to subcontract with businesses in deprived and depressed communities.	New Executive Section.	Sec. 210.	Sec. 210.	Sec. 210.	Sec. 210.
10.	<b>Carry forward of revenue.</b> Allows excess fee and collection revenue to be carried forward into the subsequent fiscal year, as the first source of funding in that year.	Sec. 211.	Sec. 211. No change from current year.	Sec. 211. No change from current year.	Sec. 211. No change from current year.	Sec. 211. No change from current year.

Boilerplate Summary

			FY 2006-2007				
			FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
11.	<b>Revenue sources and amounts; reporting requirement. (1)</b> Specifies amounts of Federal Maternal and Child Health Block Grant, Preventive Health and Health Services Block Grant, Substance Abuse block grants, Healthy Michigan Fund, and Michigan Health Initiative Fund appropriated in Part 1. Requires Department to: <b>(2)</b> report by Feb. 1, 2006 on name and amounts of revenue supporting each line item in this act, <b>(3)</b> report the amounts and detailed sources of revenue proposed to support the FY 2006-2007 executive budget proposal, <b>(4)</b> provide all revenue source detail for consolidated line items upon request.	Sec. 212.	Not included.	Sec. 212. Updated for FY 2006-07 <b>(2)</b> replaces "February 1, 2006" with "February 1, 2007". Replaces "article" with "act" <b>(3)</b> Replaces "fiscal year 2006-2007" with "fiscal year 2007-2008".	Sec. 212. Updated for FY 2006-07. <b>(2)</b> replaces "February 1, 2006" with "February 1, 2007". <b>(3)</b> Replaces "fiscal year 2006-2007" with "fiscal year 2007-2008".	Sec. 212. Updated for FY 2006-07. <b>(2)</b> replaces "February 1, 2006" with "February 1, 2007". Replaces "article" with "act" <b>(3)</b> Replaces "fiscal year 2006-2007" with "fiscal year 2007-2008".	
12.	<b>Requirements for the receipt of tobacco tax (Healthy Michigan) funds.</b> Requires report by Jan. 1, 2006 from agencies receiving tobacco tax funds in Part 1 regarding: <b>(a)</b> planned spending, <b>(b)</b> allocation/bid processes, <b>(c)</b> eligibility criteria, <b>(d)</b> outcome measures, <b>(e)</b> other information.	Sec. 213.	Not included.	Sec. 213. Replaces "January 1, 2006" with "April 1, 2007".	Sec. 213. Replaces "January 1, 2006" with "April 1, 2007".	Sec. 213. Replaces "January 1, 2006" with "April 1, 2007".	
13.	<b>Use of Healthy Michigan Fund dollars.</b> Prohibits the use of Healthy Michigan Funds for lobbying.	Sec. 214.	Sec. 214. No change from current year	Sec. 214. No change from current year	Sec. 214. Replaces "...decisions of the legislature..." with "...decisions of local units of government, the legislature...".	Sec. 214. No change from current year.	

			FY 2006-2007				
			FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
14.	<b>Write-offs of accounts receivable, deferrals, and prior year obligations.</b> (1) Allows the use of prior year revenue for the write-off of accounts receivable, deferrals, and prior year obligations. (2) Permits Department to use prior year reimbursements, refunds, and settlements to support spending. (3) Requires report by March 15, 2006 on prior year reimbursement, refunds, adjustments and settlements.	Sec. 216.	Sec. 216. (2) Replaces "fiscal year 2005-06" with "the current fiscal year". Subsection (3) removed.	Sec. 216. (2) Replaces "fiscal year 2005-06" with "fiscal year 2006-2007". (3) Replaces "March 15, 2006" with "March 15, 2007"	Sec. 216. (2) Replaces "fiscal year 2005-06" with "the current fiscal year". (3) Replaces "March 15, 2006" with "March 15, 2007"	Sec. 216. (2) Replaces "fiscal year 2005-06" with "the current fiscal year". (3) Replaces "March 15, 2006" with "March 15, 2007"	
15.	<b>Basic health services.</b> Lists basic health services required by the public health code: immunizations, communicable and sexually transmitted disease control, tuberculosis control, prevention of gonorrhea eye infection in newborns, screening newborns for the 8 conditions listed in the Public Health Code, community health annex of the emergency management plan, and prenatal care.	Sec. 218.	Sec. 218. No change from current year.	Sec. 218. No change from current year.	Sec. 218. No change from current year.	Sec. 218. No change from current year.	
16.	<b>Contracting with the Michigan Public Health Institute (MPHI).</b> (1) Allows Department to contract with the MPHI for up to 3 years without employing the bid process; Semi-annual report providing detailed information on each project is required. (2) Prohibits the disbursement of funds to the Institute unless reports are submitted when due. (3) Requires Department to submit to the Legislature all reports, studies, and publications produced by the Institute, its subcontractors, and the Department, with funds appropriated to the Institute.	Sec. 219.	Sec. 219. (1) Updated for FY 2006-07. Replaces "November 1, 2005" with "November 1, 2006" and "May 1, 2006" with "May 1, 2007" Subsections (2) and (3) removed.	Sec. 219. (1) Updated for FY 2006-07. Replaces "November 1, 2005" with "November 1, 2006" and "May 1, 2006" with "May 1, 2007" (3) Replaces "September 30, 2006" with "September 30, 2007".	Sec. 219. (1) Updated for FY 2006-07. Replaces "November 1, 2005" with "November 1, 2006" and "May 1, 2006" with "May 1, 2007" (3) Replaces "September 30, 2006" with "September 30, 2007".	Sec. 219. (1) Updated for FY 2006-07. Replaces "November 1, 2005" with "November 1, 2006" and "May 1, 2006" with "May 1, 2007" (3) Replaces "September 30, 2006" with "September 30, 2007".	

			FY 2006-2007				
			FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
17.	<b>Requirements of MPHI.</b> Requires MPHI to submit to financial and performance audits by the State Auditor General for projects funded with State appropriations.	Sec. 220.		Sec. 220. No change from current year.	Sec. 220. No change from current year.	Sec. 220. No change from current year.	Sec. 220. No change from current year.
18.	<b>DCH may establish and collect fees.</b> Allows Department to charge fees to offset the cost of publications, videos, conferences, and workshops. Prohibits costs from exceeding fees collected.	Sec. 223.		Sec. 223. No change from current year.	Sec. 223. No change from current year.	Sec. 223. No change from current year.	Sec. 223. No change from current year.
19.	<b>DCH shall pay user fees to the Department of Information Technology (DIT).</b> Requires Department to pay user fees to DIT for technology services and projects. Such user fees shall be subject to provisions of an interagency agreement between the departments and agencies and the DIT.	Sec. 259		Sec. 259. Replaces "the department" with "departments and agencies". (This change is made twice).	Sec. 259. Replaces "the department" with "departments and agencies". (This change is made twice).	Sec. 259. Replaces "department" with "departments and agencies" (This change is made twice).	Sec. 259. Replaces "the department" with "departments and agencies". (This change is made twice).
20.	<b>Amounts appropriated for information technology (IT) may be designated as work projects.</b> Allows IT funds to be designated as work projects and carried forward to support Department projects under the direction of DIT. Funds designated in this manner are not available for expenditure until approval as work projects.	Sec. 260.		Sec. 260. No change from current year.	Sec. 260. No change from current year.	Sec. 260. No change from current year.	Sec. 260. No change from current year.

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		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
21.	<b>Medicaid management information system.</b> The Department's upgrade of its management information system is contingent upon CMS approval of an advance planning document. If state matching funds are made available, Federal revenue will be appropriated at 90/10 Federal/State match rate. Appropriation may be designated a work project and appropriation can be carried forward to complete project.	Sec. 261.	Sec. 261. No change from current year.	Sec. 261. No change from current year.	Sec. 261. No change from current year.	Sec. 261. No change from current year.
22.	<b>DCH to notify Legislature upon waiver submission.</b> Requires the Department to notify the Legislature upon submission of a Medicaid waiver, state plan amendment, or similar proposal to CMS.	Sec. 264.	Not included.	Sec. 264. No change from current year.	Sec. 264. No change from current year.	Sec. 264. No change from current year.
23.	<b>Report retention guidelines.</b> Requires departments and agencies receiving appropriations in Part 1 to receive and retain copies of all reports funded from appropriations in Part 1. Federal and State guidelines for short-term and long-term retention of records shall be followed.	Sec. 265.	Not included.	Sec. 265. No change from current year.	Sec. 265. No change from current year.	Sec. 265. No change from current year.
24.	<b>Restriction on spending funds for travel. (1)</b> Restricts travel outside of the State of Michigan by State employees unless specific conditions are met. <b>(2)</b> If one of the conditions is not met yet the travel is still necessary it can be approved by the State Budget Director, this must be reported to the House and Senate. <b>(3)</b> Each Department must create a travel report for the fiscal year detailing the individuals who traveled out of state and the costs incurred for the trip.	Sec. 266.	Sec. 266. <b>(1)</b> Updated for FY 2006-07. Replaces "September 30, 2006" with "September 30, 2007".	Sec. 266. <b>(1)</b> Updated for FY 2006-07. Replaces "September 30, 2006" with "September 30, 2007".	Sec. 266. <b>(1)</b> Updated for FY 2006-07. Replaces "September 30, 2006" with "September 30, 2007".	Sec. 266. <b>(1)</b> Updated for FY 2006-07. Replaces "September 30, 2006" with "September 30, 2007".

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		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
25.	<b>Communication with Department staff.</b> Prohibits the Department from punishing an employee for communicating with a member of the legislature or their staff.	Sec. 267.	Not included.	Sec. 267. No change from current year.	Sec. 267. No change from current year.	Sec. 267. No change from current year.
26.	<b>K-16 ballot proposal report.</b> Requires the Department to submit to the Senate and House Appropriations Subcommittees on Community Health and the Senate and House fiscal agencies, by October 15, 2006, a list of budget cuts that would reduce Department GF/GP spending by 7.93%. This document would demonstrate necessary program reductions to cover the GF/GP cost of the K-16 ballot proposal.	New Senate Section.	Not included.	Sec. 268.	Not included.	Not included.
27.	<b>Medicaid mental health prescription drug carve out. (1)</b> Establishes conditions for the Department and CMH agencies related to the proposed carve out of anti-psychotic medication. The Department must: <b>(a)</b> create statewide prescribing procedures for CMH agencies <b>(b)</b> assure that the costs for these drugs will be built into CMH rates and <b>(c)</b> establish training for CMH agencies in proper billing processes. <b>(2)</b> Establishes conditions for Department and HMOs related to the carve out of anti-depressant medication. The Department must: <b>(a)</b> create statewide prescribing procedures for HMOs and <b>(b)</b> assure that the actual costs for these drugs are built into HMO rates, and establish training for CMH agencies in proper billing processes.	New Senate Section.	Not included.	Sec. 269.	Sec. 269.	Sec. 269.

# Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
28.	<b>Attorney General Medicaid recoveries.</b> Language requires the department to notify the house of representatives and senate subcommittees on community health, the senate and house fiscal agencies and the state budget office within 30 days of any recovery of Medicaid funds through legal action. This notification is required to include details about <b>(a)</b> the total amount of the recovery <b>(b)</b> the program or service through which the funds were originally paid <b>(c)</b> the disposition of the recovered funds <b>(d)</b> the facts related to the legal action.	New Conference Section.	Not included.	Not included.	Not included.	Sec. 270.



# Boilerplate Summary

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
<u>DEPARTMENTWIDE ADMINISTRATION</u>						
29.	<b>Worker's compensation.</b> Allows Department to use worker's compensation funds for those employees who return to work under limited duty assignments.	Sec. 301.	Sec. 301. No change from current year.	Sec. 301. No change from current year.	Sec. 301. No change from current year.	Sec. 301. No change from current year.
30.	<b>Prohibition on requiring first-party payment from low-income individuals for mental health services.</b> Prohibits Department from requiring payment for mental health services from individuals with taxable income of \$10,000 or less for determinations made in accordance with the Mental Health Code.	Sec. 303.	Sec. 303. No change from current year.	Sec. 303. No change from current year.	Sec. 303. No change from current year.	Sec. 303. No change from current year.

Boilerplate Summary

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
<b><u>MENTAL HEALTH/SUBSTANCE ABUSE SERVICES ADMINISTRATION AND SPECIAL PROJECTS</u></b>						
31.	<b>Protection and advocacy contract.</b> Allows Department to enter into contract with the protection and advocacy service or similar organization for purposes of gaining and maintaining occupancy in a community living arrangement.	Sec. 350	Not included.	Sec. 350. No change from current year.	Sec. 350. No change from current year.	Sec. 350. No change from current year.
32.	<b>Methamphetamine cleanup fund.</b> Describes State grant program, available to local governments, to help cover a portion of the administrative cost associated with cleaning up structures used for methamphetamine production. Grants would be capped at \$800 per property.	New Senate Section.	Not included.	Sec. 351.	Sec. 351.	Sec. 351.

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
<u><b>COMMUNITY MENTAL HEALTH/SUBSTANCE ABUSE SERVICES PROGRAM</b></u>						
33.	<b>Community Mental Health Services Program (CMHSP) contractual requirements.</b> Defines the CMH system as being under the full authority and responsibility of local CMHSPs or specialty prepaid health plans. Requires Department to ensure that CMHSPs or specialty prepaid health plans provide: a system of single entry and exit, a complete array of mental health services, coordination of inpatient and outpatient services, individual service plans, case management, quality improvement, and evaluation of services, and a system to serve at-risk and delinquent youth as required under the provisions of the Mental Health Code.	Sec. 401.	Sec. 401. No change from current year.	Sec. 401. No change from current year.	Sec. 401. No change from current year.	Sec. 401. No change from current year.
34.	<b>Authorization of funding to CMHSPs. (1)</b> Requires final authorizations to CMHSPs or specialty prepaid health plans be made upon execution of contracts with the Department and include: an approved plan and budget, policies governing the responsibilities of both parties, language invalidating the contract if the total contracted amounts exceed appropriations. <b>(2)</b> Requires report on any new or amended contracts that affect rates or expenditures. <b>(3)</b> Report shall include information about the changes and their effects on rates and expenditures.	Sec. 402.	Sec. 402. No change from current year.	Sec. 402. Updated for FY 2006-07. <b>(1)</b> Replaces "fiscal year 2005-2006" with "fiscal year 2006-2007".	Sec. 402. Updated for FY 2006-07. <b>(1)</b> Replaces "fiscal year 2005-2006" with "fiscal year 2006-2007".	Sec. 402. Updated for FY 2006-07. <b>(1)</b> Replaces "fiscal year 2005-2006" with "fiscal year 2006-2007".

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			FY 2006-2007				
			FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
35.	<b>Multi-cultural contracts.</b> From funds in the Multicultural Services line, requires Department to ensure that CMHSPs or specialty prepaid health plans continue contracts with multi-cultural service providers.	Sec. 403.	Not included.	Sec. 403. No change from current year.	Sec. 403. Strikes "...continue contracts with multicultural service providers." and replaces with "...meet with multicultural service providers to develop a workable framework for contracting, service delivery and reimbursement."	Sec. 403. Strikes "...continue contracts with multicultural service providers." and replaces with "...meet with multicultural service providers to develop a workable framework for contracting, service delivery and reimbursement."	

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
36.	<b>Reporting of data by CMHSPs. (1)</b> Requires report on services provided through the community mental health system by May 31 of each fiscal year. <b>(2)</b> Report to include: <b>(a)</b> demographics, <b>(b)</b> per capita expenditures <b>(c)</b> financial information, <b>(d)</b> service outcomes, <b>(e)</b> access to services, <b>(f)</b> number of second opinions, <b>(g)</b> appropriateness of services provided, <b>(h)</b> lapses and carryforwards, <b>(i)</b> contracts for mental health services entered into by CMHSPs or specialty prepaid health plans, and <b>(j)</b> expenditure and performance information for CMH Medicaid managed care services. <b>(3)</b> Requires Department to include data reporting requirements in the annual contracts with each CMHSP or specialty prepaid health plan. <b>(4)</b> Requires Department to ensure that all data is complete and consistent.	Sec. 404.	Sec. 404. <b>(2) (e)</b> Strikes <b>(iii)</b> reporting requirement for number of people requesting services on a waiting list. Strikes <b>(iv)</b> reporting requirement of average length of time people are on a waiting list for services. <b>(2) (h)</b> replaces "2004-05" with "2005-06".	Sec. 404. <b>(2) (e)</b> Strikes <b>(iii)</b> reporting requirement for number of people requesting services on a waiting list. Strikes <b>(iv)</b> reporting requirement of average length of time people are on a waiting list for services. <b>(2) (h)</b> replaces "2004-05" with "2005-06".	Sec. 404. <b>(2) (e)</b> Strikes <b>(iii)</b> reporting requirement for number of people requesting services on a waiting list. Strikes <b>(iv)</b> reporting requirement of average length of time people are on a waiting list for services. <b>(2) (h)</b> replaces "2004-05" with "2005-06".	Sec. 404. <b>(2) (e)</b> Strikes <b>(iii)</b> reporting requirement for number of people requesting services on a waiting list. Strikes <b>(iv)</b> reporting requirement of average length of time people are on a waiting list for services. <b>(2) (h)</b> replaces "2004-05" with "2005-06".

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
37.	<b>Continuation of CMHSP employee wage pass-through.</b> States legislative intent that the employee wage pass through funded for direct care workers and paraprofessional and other nonprofessional direct care be continued.	Sec. 405.	Sec. 405. Strikes "It is the intent of this legislature".	Sec. 405. No change from current year.	Sec. 405. Adds (2) From the funds appropriated in part 1 for Medicaid mental health services, money shall be utilized to establish a pool of funds available to community mental health services programs, sufficient to provide for increasing the wages and the employer's share of federal insurance contributions act costs of direct care staff by 20 cents per hour per direct care worker in local residential settings and for paraprofessional and other nonprofessional direct care workers in day programs, supported employment, and other vocational service programs, effective October 1, 2006. (3) Each CMHSP shall make application to the department to receive funds for the direct care worker wage pass-through fund, not to exceed their proportionate share of the money allocated for this purpose. The application shall specify the amount of funds requested and the agencies/programs to receive the wage pass-through funds requested. (4) Each CMHSP awarded wage pass-through funds shall report on the actual expenditure of such funds in the format to be determined by the department. Any funds not utilized by the CMHSP for the purpose specified in the wage pass-through application shall be deducted from the base allocation to the CMHSP in the subsequent fiscal year.	Sec. 405. (1) Strikes "...day programs, supported employment, and other vocational programs..." replaces with "settings where skill building, community living supports and training, and personal care services are provided..." Adds (2) 2) From the funds appropriated in part 1 for Medicaid mental health services, money shall be utilized to establish a pool of funds available to community mental health services programs, sufficient to provide for increasing the wages and the employer's share of federal insurance contributions act costs of direct care staff by 2% per direct care worker in local residential settings and for paraprofessional and other nonprofessional direct care workers in settings where skill building, community living supports and training, and personal services are provided., effective October 1, 2006. 3) Each CMHSP shall make application to the department to receive funds for the direct care worker wage pass-through fund, not to exceed their proportionate share of the money allocated for this purpose. The application shall specify the amount of funds requested and the agencies/programs to receive the wage pass-through funds requested. (4) Each CMHSP awarded wage pass-through funds shall report on the actual expenditure of such funds in the format to be determined by the department. Any funds not utilized by the CMHSP for the purpose specified in the wage pass-through application shall be deducted from the base allocation to the CMHSP in the subsequent fiscal year.

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		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
38.	<b>State Disability Assistance Substance Abuse Services Program. (1)</b> Requires State Disability Assistance Substance Abuse Services Program funding be used for per diem room and board payments in substance abuse residential facilities. <b>(2)</b> Establishes reimbursement requirements.	Sec. 406.	Sec. 406. No change from current year.	Sec. 406. No change from current year.	Sec. 406. No change from current year.	Sec. 406. No change from current year.
39.	<b>Contracting with Substance Abuse Coordinating Agencies (CAs); establishment of fee schedule. (1)</b> Directs that non-Medicaid substance abuse funds be paid out through contracts with local CAs or designated service providers. Requires coordination between CAs and CMHSPs or specialty prepaid health plans for dually diagnosed clients. <b>(2)</b> Requires Department to establish a fee schedule and charge participants on ability to pay.	Sec. 407.	Sec. 407. No change from current year.	Sec. 407. No change from current year.	Sec. 407. No change from current year.	Sec. 407. No change from current year.
40.	<b>Reporting of data by substance abuse CAs. (1)</b> Requires report on substance abuse prevention, education, and treatment programs by April 15, 2006. Data to include expenditures, services provided, and collections. <b>(2)</b> Requires Department to ensure that data is complete and consistent.	Sec. 408.	Sec. 408. <b>(1)</b> Updated for FY 2006-07. Replaces "April 15, 2006" with "April 15, 2007" and "fiscal year 2004-2005" with "fiscal year 2005-2006".	Sec. 408. <b>(1)</b> Updated for FY 2006-07. Replaces "April 15, 2006" with "April 15, 2007" and "fiscal year 2004-2005" with "fiscal year 2005-2006".	Sec. 408. <b>(1)</b> Updated for FY 2006-07. Replaces "April 15, 2006" with "April 15, 2007" and "fiscal year 2004-2005" with "fiscal year 2005-2006".	Sec. 408. <b>(1)</b> Updated for FY 2006-07. Replaces "April 15, 2006" with "April 15, 2007" and "fiscal year 2004-2005" with "fiscal year 2005-2006".
41.	<b>Priority in funding for substance abuse providers.</b> Directs Department to give funding priority to substance abuse service providers who provide child care services to clients with children.	Sec. 409.	Sec. 409. No change from current year.	Sec. 409. No change from current year.	Sec. 409. No change from current year.	Sec. 409. No change from current year.

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		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
42.	<b>Substance abuse treatment for certain public assistance recipients.</b> Directs Department to assure that substance abuse treatment is provided to public assistance recipients and applicants who are required to obtain such services as a condition of eligibility for public assistance.	Sec. 410.	Sec. 410. No change from current year.	Sec. 410. No change from current year.	Sec. 410. No change from current year.	Sec. 410. No change from current year.
43.	<b>Jail diversion services. (1)</b> Directs Department to ensure that each contract with a CMHSP or specialty prepaid health plan requires the CMHSP or specialty prepaid health plan to implement programs to encourage diversion of persons with mental illness, emotional impairment, or developmental disabilities from jail incarceration. <b>(2)</b> Directs each CMHSP or specialty prepaid health plan to have jail diversion services and work toward establishing working relationships with law enforcement and justice system personnel; written interagency agreements delineating responsibilities and procedures for local jail diversion efforts are encouraged.	Sec. 411.	Sec. 411. No change from current year.	Sec. 411. No change from current year.	Sec. 411. No change from current year.	Sec. 411. No change from current year.
44.	<b>Salvation Army Harbor Light.</b> Requires Department to contract directly with the Salvation Army Harbor Light program to provide non-Medicaid substance abuse services at not less than the amount contracted for in FY 2004-05.	Sec. 412.	Not included	Sec. 412. No change from current year.	Sec. 412. No change from current year.	Sec. 412. No change from current year.



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		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
45.	<b>Relationship of selected CMHSPs and substance abuse CAs for Medicaid managed care substance abuse services.</b> Requires Medicaid substance abuse treatment services to be managed by selected CMHSPs or specialty prepaid health plans. These CMHSPs or specialty prepaid health plans are to receive a capitated payment on a per eligible per month basis to assure provision of medically necessary substance abuse services to all beneficiaries who require those services. Allows the CMHSPs or specialty prepaid health plans that are not coordinating agencies to continue to contract with a coordinating agency. Requires any alternative arrangement to be based on client needs and have prior approval from the Department.	Sec. 414.	Sec. 414. No change from current year.	Sec. 414. No change from current year.	Sec. 414. No change from current year.	Sec. 414. No change from current year.
46.	<b>Reporting on mental health capitation rates.</b> Department shall provide a monthly report on amount of funding paid to CMHSPs or specialty prepaid health plans for the Medicaid managed mental health care program. Report shall include CMHSPs' or specialty prepaid health plans' spending, caseloads, and a year-to-date summary of eligibles and expenditures.	Sec. 418.	Sec. 418. No change from current year.	Sec. 418. No change from current year.	Sec. 418. No change from current year.	Sec. 418. No change from current year.

			FY 2006-2007				
			FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
47.	<b>Collaborative efforts with other departments to coordinate delivery of substance abuse services.</b> Requires Department to work cooperatively with the Departments of Human Services, Corrections, Education, State Police, and Military and Veteran's Affairs to coordinate and improve the delivery of Substance Abuse Prevention, Education, and Treatment programs within existing appropriations.	Sec. 423.	Not included.	Sec. 423. No change from current year.	Sec. 423. Adds "... <b>(2)</b> The department shall establish a work group composed of representatives of the department, the departments of human services, corrections, education, state police, and military and veterans affairs, coordinating agencies, CMHSPs, and any other persons considered appropriate to examine and review the source and expenditure of funds for substance abuse programs and services. The work group shall develop and recommend cost-effective measures for the expenditure of funds and delivery of substance abuse programs and services. The department shall submit the findings of the work group to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director by May 31, 2007. "	Sec. 423. Adds "... <b>(2)</b> The department shall establish a work group composed of representatives of the department, the departments of human services, corrections, education, state police, and military and veterans affairs, coordinating agencies, CMHSPs, and any other persons considered appropriate to examine and review the source and expenditure of funds for substance abuse programs and services. The work group shall develop and recommend cost-effective measures for the expenditure of funds and delivery of substance abuse programs and services. The department shall submit the findings of the work group to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director by May 31, 2007. "	

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		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
48.	<b>Timely payment by CMHSPs.</b> Requires CMHSPs or specialty prepaid health plans to adhere to timely claims processing and payment procedure for Medicaid claims submitted by health professionals and facilities. Lists timely claim processing requirements.	Sec. 424.	Sec. 424. No change from current year.	Sec. 424. No change from current year.	Sec. 424. No changes from current year.	Sec. 424. No change from current year.
49.	<b>Reporting on mental health and substance abuse services for prison inmates.</b> Requires the Department and Department of Corrections to report by April 1, 2006 the following data on mental health and substance abuse services: the number of prisoners receiving substance abuse services; the number of prisoners receiving mental health services; the number of prisoners receiving both mental health and substance abuse services; data indicating that prisoners had previously been in a psychiatric hospital.	Sec. 425.	Sec. 425. Updated for FY 2006-07. Replaces "April 1, 2006" with "April 1, 2007" Replaces "fiscal year 2004-2005" with "fiscal year 2005-2006".	Sec. 425. Updated for FY 2006-07. Replaces "April 1, 2006" with "April 1, 2007" Replaces "fiscal year 2004-2005" with "fiscal year 2005-2006".	Sec. 425. Updated for FY 2006-07. Replaces "April 1, 2006" with "April 1, 2007" Replaces "fiscal year 2004-2005" with "fiscal year 2005-2006".	Sec. 425. Updated for FY 2006-07. Replaces "April 1, 2006" with "April 1, 2007" Replaces "fiscal year 2004-2005" with "fiscal year 2005-2006".
50.	<b>Contingency funding using local funds as state match. (1)</b> Each CMHSP and affiliation of CMHSPs shall provide, from internal resources, local funds to be used as a bona fide part of the state match required under the Medicaid program in order to increase capitation rates for CMHSPs. <b>(2)</b> Distribution of the increase shall be based on a formula developed by a committee established by the Department, this committee will include representatives from CMHSPs and the Department.	Sec. 428.	Sec. 428. Strikes <b>(2)</b> .	Sec. 428. No change from current year.	Sec. 428. No change from current year.	Sec. 428. No change from current year.

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
51.	<b>Requirement that counties make CMHSP payments on at least a quarterly basis.</b> Directs counties to pay the matching funds for mental health services to CMHSPs in equal installments on not less than a quarterly basis throughout the fiscal year, with the first payment being made by October 1, 2005.	Sec. 435.	Sec. 435. Updated for FY 2006-07. Replaces "October 1, 2005" with "October 1, 2006".	Sec. 435. Updated for FY 2006-07. Replaces "October 1, 2005" with "October 1, 2006".	Sec. 435. Updated for FY 2006-07. Replaces "October 1, 2005" with "October 1, 2006".	Sec. 435. Updated for FY 2006-07. Replaces "October 1, 2005" with "October 1, 2006".
52.	<b>Pilot projects for placement of adults with mental illness into the community. (1)</b> States legislative intent that the Department, in conjunction with CMHSPs, support pilot projects that facilitate the movement of adults with mental illness from state psychiatric hospitals to community residential settings. <b>(2)</b> States the purpose of the pilot projects is to encourage the placement of persons with mental illness in community residential settings who may require a secured living environment, assistance in taking prescribed medications, intensive case management services, assertive community treatment, alcohol and substance abuse treatment, day programming and vocational training. <b>(3)</b> States that these projects shall be completely voluntary. <b>(4)</b> Directs the Department to provide semiannual reports to the Legislature.	Sec. 439.	Not included.	Not included.	Not included.	Not included.

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		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
53.	<b>Medicaid Adult Benefits Waiver. (1)</b> States legislative intent that the \$40 million transferred from the CMH non-Medicaid services line to support the Medicaid Adult Benefits waiver program be used to provide state match for increases in Federal funding for primary care and specialty services provided to Medicaid Adult Benefits waiver enrollees and for economic increases for the Medicaid specialty services and supports program. <b>(2)</b> Directs the Department to assure that persons eligible for mental health services under the priority populations sections of the Mental Health Code receive mandated services. <b>(3)</b> Requires capitation payments to CMHSPs or specialty prepaid health plans for persons who become enrolled in the Medicaid Adult Benefits waiver program to be made using the same rate methodology as payments for the current Medicaid beneficiaries. <b>(4)</b> States that if enrollment in the Medicaid Adult Benefits waiver does not achieve expectations and the funding appropriated for the waiver program is not expended, the GF balance shall be transferred back the CMH non-Medicaid services line. Requires Department to report quarterly to the Legislature a summary of eligible expenditures for the waiver program by CMHSPs or specialty prepaid health plans.	Sec. 442.	Sec. 442 Strikes <b>(1)</b> . <b>(2)</b> Replaces "...under the priority population sections of the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106." with "...as approved in the state plan amendment."	Sec. 442. No change from current year.	Sec. 442. No change from current year.	Sec. 442. No change from current year.

			FY 2006-2007			
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
54.	<b>Workgroup to develop strategies to streamline audit/reporting requirements.</b> Requires the Department to establish a work group comprised of CMHSPs or specialty prepaid health plans and Departmental staff to recommend strategies to streamline audit and reporting requirements. Requires Department to provide report on the recommendations of the work group by March 31, 2006.	Sec. 450.	Not included.	Sec. 450. Updated for FY 2006-07. Replaces "March 31, 2006" with "March 31, 2007".	Sec. 450. Strikes all current year language. Replaces with <b>(1)</b> No later than October 1, 2006, the department shall implement the recommendations of the work group composed of CMHSPs or specialty prepaid health plans and departmental staff on streamlining the audit and reporting requirements for CMHSPs or specialty prepaid health plans and contractors performing services for CMHSPs or specialty prepaid health plans. <b>(2)</b> No later than March 31, 2007, the department shall submit a report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office on steps taken to implement the recommendations of the work group and the progress of the implementation of the recommendations of the workgroup.	Sec. 450. Strikes all current year language. Replaces with <b>(1)</b> No later than October 1, 2006, the department shall implement the recommendations of the work group composed of CMHSPs or specialty prepaid health plans and departmental staff on streamlining the audit and reporting requirements for CMHSPs or specialty prepaid health plans and contractors performing services for CMHSPs or specialty prepaid health plans. <b>(2)</b> No later than March 31, 2007, the department shall submit a report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office on steps taken to implement the recommendations of the work group and the progress of the implementation of the recommendations of the workgroup.

# Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
55.	<b>Prohibition on implementing retroactive policies leading to negative financial impact.</b> Unless otherwise authorized by law, the Department shall not implement retroactively any policy that would lead to a negative financial impact on CMHSPs or pre-paid inpatient health plans.	Sec. 452.	Not included.	Sec. 452. No change from current year.	Sec. 452. No change from current year.	Sec. 452. No change from current year.

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
56.	<b>PIHP consumer choice protection.</b> States that prepaid inpatient health plans will provide consumer choice to the fullest possible extent for individuals with mental illness, substance abuse problems and developmental disabilities. This choice will include assistance with skill building, work preparation and employment services. PIHPs will be prohibited from eliminating programs available to consumers without justification that these services are not in the best interests of consumers.	Sec. 456.	Sec. 456. No change from current year.	Sec. 456. No change from current year.	Sec. 456. Replaces "The prepaid inpatient health plans shall.. " with "CMHSPs and the prepaid inpatient health plans shall...". (This change is made twice). Replaces "...when providing Medicaid services..." with "when providing services" Replaces "...skill building assistance and other work preparatory services provided in accredited..." with "...skill building assistance, rehabilitation and habilitative services, supported and integrated employment services program settings, and other work preparatory services provided in the community or accredited...". Strikes "..., as well as supported and integrated employment services" Replaces "...shall not arbitrarily eliminate any choices" with "...shall not arbitrarily eliminate or restrict any choices"	Sec. 456. Replaces "The prepaid inpatient health plans shall.. " with "CMHSPs and the prepaid inpatient health plans shall...". (This change is made twice). Replaces "...when providing Medicaid services..." with "when providing services" Replaces "...skill building assistance and other work preparatory services provided in accredited..." with "...skill building assistance, rehabilitation and habilitative services, supported and integrated employment services program settings, and other work preparatory services provided in the community or accredited...". Strikes "..., as well as supported and integrated employment services." Replaces "...shall not arbitrarily eliminate any choices" with "...shall not arbitrarily eliminate or restrict any choices" Adds (2) CMHSPs and prepaid inpatient health plans shall take all necessary steps to ensure that individuals with mental illness, developmental disabilities, or substance abuse issues be placed in the least restrictive setting in the quickest amount of time possible if it is the individual's choice.



Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
57.	<b>Community mental health Quality Assurance Assessment (QAAP).</b> States that if, for any reason, the proposed CMH QAAP is not implemented, generates a smaller than expected savings or is eliminated the Department will be required to present a plan to the Legislature assuring no net reduction in CMH funding.	Sec. 457.	Not included.	Not included.	Not included.	Not included.
58.	<b>Department reporting requirements, mental health services.</b> By April 15, 2006 the Department is required to provide reports detailing a plan for implementing recommendations provided by the Michigan Mental Health Commission, the costs and benefits of establishing a secure residential facility for adults with serious mental illness and the costs and benefits of a mental health court program that diverts adults with mental illness into treatment accused of non-serious crimes.	Sec. 458.	Not included.	Not included.	Sec. 458. Update for FY 2006-07. Replaces "April 15, 2006" with "April 15, 2007"	Sec. 458. Update for FY 2006-07. Replaces "April 15, 2006" with "April 15, 2007"

## Boilerplate Summary

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
59.	<b>Detroit-Wayne County CMH non-Medicaid reduction.</b> Boilerplate would reduce the non-Medicaid allotment to Detroit Wayne County CMH if it does not become an authority in FY 2006-07.  <i>Senate Language</i> <b>(1)</b> Would reduce the non-Medicaid allocation to Detroit/Wayne CMH by \$35 million if the agency is not an authority by July 1, 2006. <b>(2)</b> Would restore \$20 million of the reduction referenced in (1) if the agency became an authority by October 1, 2006. <b>(3)</b> States legislative intent to identify other means of administering mental health in Wayne County, including utilizing managed care organizations if the agency is not an authority by July 1, 2007.  <i>Conference Language</i> <b>(1)</b> Would reduce the non-Medicaid allocation to Detroit/Wayne CMH by \$3.5 million per month for the remainder of the fiscal year, after December 1, 2006 if the agency is not an authority. <b>(2)</b> Assures the reduction in (1) will not result in any reduction in direct services. <b>(3)</b> Detroit/Wayne CMH would be required to submit a report to the Department providing a plan for handling these reductions. The Department is required to report to the legislature by March 1, 2007 on the disposition of this plan. <b>(4)</b> Detroit/Wayne CMH may have the reductions in (1) restored if it becomes an authority by September 30, 2007.	New Senate Section.	Not included.	Sec. 459.	Not included.	Sec. 459.

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
60.	<b>CMH required standards for administrative cost reporting.</b> Instructs the Department to establish uniform definitions, standards and instructions for the reporting of administrative costs for PIHPs and CMHSPs. The Department will report its proposed changes in administrative cost reporting by April 15, 2006 to the State Budget Director and the House and Senate.	Sec. 460.	Not included.	Sec. 460. Updated for FY 2006-07. Replaces "April 15, 2006" with "April 15, 2007".	Sec. 460. Strikes current year language in its entirety. Replaces this language with (1) The uniform definitions, standards, and instructions for the classification, allocation, assignment, calculation, recording, and reporting of administrative costs by prepaid inpatient health plans (PIHPs), CMHSPs, and contracted organized provider systems that receive payment or reimbursement from funds appropriated under section 104 of part 1 that are established by the department shall go into effect on October 1, 2006 and shall be fully implemented by September 30, 2007. (2) No later than October 30, 2006, the department shall provide a copy of the uniform definitions, standards, and instructions to the house of representatives and senate appropriations subcommittees on community health, the house of representatives and senate fiscal agencies, and the state budget director. (3) The department shall provide the house of representatives and senate appropriations subcommittees on community health, the house of representatives and senate fiscal agencies, and the state budget director with 2 separate progress reports on the implementation required under subsection (1). The progress reports are due on April 1, 2007 and July 1, 2007.	Sec. 460. Strikes current year language in its entirety. Replaces this language with (1) The uniform definitions, standards, and instructions for the classification, allocation, assignment, calculation, recording, and reporting of administrative costs by prepaid inpatient health plans (PIHPs), CMHSPs, and contracted organized provider systems that receive payment or reimbursement from funds appropriated under section 104 of part 1 that are established by the department shall go into effect on October 1, 2006 and shall be fully implemented by September 30, 2007. (2) No later than October 30, 2006, the department shall provide a copy of the uniform definitions, standards, and instructions to the house of representatives and senate appropriations subcommittees on community health, the house of representatives and senate fiscal agencies, and the state budget director. (3) The department shall provide the house of representatives and senate appropriations subcommittees on community health, the house of representatives and senate fiscal agencies, and the state budget director with 2 separate progress reports on the implementation required under subsection (1). The progress reports are due on April 1, 2007 and July 1, 2007.

# Boilerplate Summary

			FY 2006-2007				
			FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
61.	<b>CMH non-Medicaid funding equity workgroup.</b> Requires the Department to establish a workgroup to create a plan to create funding equity for CMHSPs through non-Medicaid mental health line item based upon diagnostic factors.	Sec. 462.	Not included.	Sec 462. Updated for FY 2006-07. Replaces "May 31, 2006" with "May 31, 2007"	Sec 462. Updated for FY 2006-07. Replaces "May 31, 2006" with "May 31, 2007"	Sec 462. Updated for FY 2006-07. Replaces "May 31, 2006" with "May 31, 2007"	

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
62.	<b>Standard program evaluation measures for substance abuse coordinating agencies.</b> Requires the Department to establish standard program evaluation guidelines to assess the effectiveness of individual substance abuse coordinating agencies based upon federal guidelines. The Department is required to report to the House, Senate and State Budget Director on their progress in implementing these standards by March 1, 2006.	Sec. 463.	Sec. 463. Strikes "By March 1, 2006, the department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office on the department's progress in designing and implementing a program effectiveness evaluation system for coordinating agencies and service providers."	Sec. 463. Strikes "By March 1, 2006, the department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office on the department's progress in designing and implementing a program effectiveness evaluation system for coordinating agencies and service providers."	Sec. 463. Strikes "By March 1, 2006, the department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office on the department's progress in designing and implementing a program effectiveness evaluation system for coordinating agencies and service providers."	Sec. 463. Strikes "By March 1, 2006, the department shall report to the house of representatives and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office on the department's progress in designing and implementing a program effectiveness evaluation system for coordinating agencies and service providers."
63.	<b>Department use of liquor license fee revenue.</b> Mandates that the Department use liquor license fee revenue for alcohol abuse related programming.	Sec. 464.	Not included.	Not included.	Sec. 464. No change from current year.	Sec. 464. No change from current year.

Boilerplate Summary

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
64.	<b>Administrative expenditure limit on funds allocated for respite care.</b> Mandates that no more than 1% of funds allocated for respite care services for parents of disabled children be spent on administrative costs.	Sec. 465.	Sec. 465 No change from current year.	Sec. 465 No change from current year.	Sec. 465 No change from current year.	Sec. 465 No change from current year.
65.	<b>Depression medication pilot project. (1)</b> States legislative intent for the Department to support, in conjunction with CMH agencies, pilot projects that implement treatment interventions for adults with depression. These projects may include behavioral therapy and medication management programs. <b>(2)</b> Interventions described in (1) are expected to result in greater awareness of circumstances that precipitated depressive episodes, development of plans for treatment and coping with effects of depression, reduction in symptoms and greater quality of life for individuals participating in the programs. <b>(3)</b> Projects will include evaluation of possible effectiveness of computer-based medication management programs that could be used by outpatient and primary care health providers throughout the State.	New Senate Section.	Not included.	Sec. 466.	Not included.	Not included.
66.	<b>Contingency language for funding of substance abuse services.</b> Language states that if funds become available the Department will increase funding for community substance abuse prevention, education and treatment to the level of the FY 2002-03 allocation.	New Senate Section.	Not included.	Sec. 467.	Not included.	Sec. 467.

## Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
67.	<p><b>Incorporation of substance abuse coordinating agencies into local CMH.</b> Requires the Department to recommend changes to its criteria for the incorporation of substance abuse coordinating agencies into local CMH authorities that will encourage more consolidation of these agencies. The Department may adjust distribution of funds to account for increased administrative cost associated with these changes in criteria.</p> <p><i>House Language</i> Department is required to recommend changes in the criteria for the incorporation of substance abuse coordinating agencies into CMH authorities. The Department is permitted to make changes in formula distribution for substance abuse to address the administrative cost associated with merging the substance abuse and mental health agencies.</p> <p><i>Conference Language</i> Department is required to recommend changes in the criteria for the incorporation of substance abuse coordinating agencies into CMH authorities. The Department is permitted to make changes in formula distribution for substance abuse to address the administrative cost associated with merging the substance abuse and mental health agencies. Language establishes conditions for this distribution; <b>(a)</b> the Department provides funding for the administrative costs incurred by coordinating agencies, this allocation will not exceed \$75,000 for any agency <b>(b)</b> the funding do not favor agencies who voluntarily elect to integrate with CMH authorities <b>(c)</b> the funds do not negatively affect other coordinating agencies.</p>	New House Section.	Not included.	Not included.	Sec. 468.	Sec. 468.

# Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
68.	<b>Funding distribution substance abuse funds.</b> <b>(1)</b> The Department is required to implement a funding distribution model for substance abuse coordinating agencies based upon the findings of a Federal substance abuse work group by October 1, 2006. <b>(2)</b> Department is required to submit a report to the Legislature, the House and Senate fiscal agencies and the state budget office by September 30, 2007 detailing: <b>(a)</b> The impact of the new distribution of funds on the operation of coordinating agencies. <b>(b)</b> The impact of this distribution change on other fund sources. <b>(c)</b> Adverse consequences that have resulted from the new funding distribution.	New House Section.	Not included.	Not included.	Sec. 469.	Not included.



## Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
69.	<p><b>Integration of mental health and substance abuse services.</b> Department is required to provide "written expectations" for CMHs, substance abuse coordinating agencies related to the consolidation of mental health and substance abuse services. Requires report to legislature on the impact of these expectations on integration of mental health and substance abuse services.</p> <p><i>House Language</i> <b>(1)</b> Requires the Department to establish "written expectations" for CMH agencies and substance abuse coordinating agencies related to integration of substance abuse and mental health services. These standards should address , at minimum, <b>(a)</b> consolidation of administrative functions and redirection of associated savings to direct services <b>(b)</b> consolidation of 24 hour access points for mental health and substance abuse in every community (c) alignment of service boundaries between the agencies <b>(2)</b> Requires report from the Department to the House and Senate and the State Budget Director on the status of the integration of mental health and substance abuse services.</p> <p><i>Conference Language</i> <b>(1)</b> For agencies accepting reimbursement for administrative costs referenced in Section 468, requires the Department to establish "written expectations" for CMH agencies and substance abuse coordinating agencies related to integration of substance abuse and mental health services. These standards should address, at minimum, <b>(a)</b> consolidation of administrative functions and redirection of associated savings to direct services <b>(b)</b> consolidation of 24 hour access points for mental health and substance abuse in every community <b>(c)</b> alignment of service boundaries between the agencies <b>(2)</b> Requires report from the Department to the House and Senate and the State Budget Director on the status of the integration of mental health and substance abuse services.</p>	New House Section.	Not included.	Not included.	Sec. 470.	Sec. 470.

Boilerplate Summary

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
70.	<b>Administrative cost limit substance abuse coordinating agencies.</b> Administrative costs for substance abuse coordinating agencies and the Salvation Army Harbor Light program are limited to 9% of total expenditure or the amount spent on administration in FY 2004-05, whichever figure is less.	New House Section.	Not included.	Not included.	Sec. 471.	Sec. 471.
71.	<b>Lapsed funds for Community Mental Health.</b> Any funds lapsed by CMHSPs will be retained in the CMH budget for mental health and substance abuse services. Unexpended GF/GP previously used to match Federal Medicaid funds will be shifted to provide services through the CMH non-Medicaid line item.	New House Section.	Not included.	Not included.	Sec. 472.	Not included.

## Boilerplate Summary

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
72.	<b>CMH information on guardianship.</b> Boilerplate requires the Department to ensure that CMH agencies provide recipients information about guardianship and do not restrict recipients from obtaining guardianship.  <i>House Language</i> Department is required to ensure that CMHSPs and PIHPs provide to each recipient or his/her family receive information on different types of guardianship and alternatives to guardianship. Forbids CMH agencies from restricting the ability of a recipient to obtain legal guardianship.  <i>Conference Language</i> Department is required to ensure that CMHSPs and PIHPs provide to each recipient or his/her family receive information on different types of guardianship and alternatives to guardianship. States legislative intent that CMH may not restrict the ability of a recipient to obtain legal guardianship without just cause.	New House Section.	Not included.	Not included.	Sec. 474.	Sec. 474.
73.	<b>Multi-cultural allocation to the Jewish Federation.</b> States that of the funds appropriated for multi-cultural services, \$990,000 will be allocated to the Jewish Federation of Metropolitan Detroit.	New House Section.	Not included.	Not included.	Sec. 475.	Sec. 475.

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
<b><u>STATE PSYCHIATRIC HOSPITALS, CENTERS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, AND FORENSIC AND PRISON MENTAL HEALTH SERVICES</u></b>						
74.	<b>Collection of third-party payments for individuals in institutions. (1)</b> Directs Department to give priority to obtaining 3 <sup>rd</sup> party payment for services. Requires Department to ensure that collection from individual recipients be handled in a sensitive and non-harassing manner. <b>(2)</b> Requires Department to continue revenue recapture project. States that revenues collected through project efforts are appropriated to the Department for departmental costs and contractual fees and to improve ongoing departmental reimbursement management functions.	Sec. 601.	Sec. 601. <b>(2)</b> Replaces "Revenues collected through project efforts are appropriated to the department..." with "Upon approval of the state budget director, such revenues may allotted and spent..."	Sec. 601. No change from current year.	Sec. 601. No change from current year.	Sec. 601. No change from current year.
75.	<b>Carry forward of telephone revenue, gifts, and bequests.</b> Directs that unexpended/unencumbered pay telephone revenues and gifts and bequests of up to \$1,000,000 be carried forward to the next fiscal year. States that the purpose of gifts/bequests is to provide living enhancements for individuals residing at state operated facilities.	Sec. 602.	Sec. 602. Updated for FY 2006-07. Replaces "September 30, 2006" with "September 30, 2007".	Sec. 602. Updated for FY 2006-07. Replaces "September 30, 2006" with "September 30, 2007".	Sec. 602. Updated for FY 2006-07. Replaces "September 30, 2006" with "September 30, 2007".	Sec. 602. Updated for FY 2006-07. Replaces "September 30, 2006" with "September 30, 2007".

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
76.	<b>Forensic mental health services provided to the Department of Corrections (DOC).</b> States that funds appropriated for forensic mental health services provided to the Department of Corrections (DOC) are in accordance with the interdepartmental plan. Authorizes the Department to receive and expend funds from the DOC in addition to the appropriations in part 1 to fulfill the obligations outlined in the interdepartmental agreement.	Sec. 603.	Sec. 603. No change from current year.	Sec. 603. No change from current year.	Sec. 603. No change from current year.	Sec. 603. No change from current year.
77.	<b>Report by CMHSPs on state hospital and center utilization. (1)</b> Requires CMHSPs or specialty prepaid health plans to semiannually report the following data to the Department: days purchased from state facilities, days purchased from private hospitals, number and type of alternative placements, and waiting lists at state facilities. <b>(2)</b> Requires Department to semiannually submit this report to the Legislature and the State Budget Director.	Sec. 604.	Sec. 604. <b>(1)</b> Replaces "semiannual" with "annual". <b>(2)</b> Replaces "semiannually" with "annually".	Sec. 604. <b>(1)</b> Replaces "semiannual" with "annual". <b>(2)</b> Replaces "semiannually" with "annually".	Sec. 604. <b>(1)</b> Replaces "semiannual" with "annual". <b>(2)</b> Replaces "semiannually" with "annually".	Sec. 604. <b>(1)</b> Replaces "semiannual" with "annual". <b>(2)</b> Replaces "semiannually" with "annually".

Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
78.	<b>Closures and consolidations of state hospitals and centers. (1)</b> Prohibits the Department from closing or consolidating facilities until CMHSPs or specialty prepaid health plans have services in place for persons housed in those facilities. <b>(2)</b> Requires a discharge plan for each person currently in these facilities. <b>(3)</b> Requires that a closure plan be filed with the subcommittees four months after certification of closure. <b>(4)</b> Directs that the remaining appropriations for a closed facility be transferred to the CMHSPs or specialty prepaid health plans responsible for providing services for persons previously served by the facility.	Sec. 605.	Sec. 605. No change from current year.	Sec. 605. No change from current year.	Sec. 605. No change from current year.	Sec. 605. No change from current year.
79.	<b>Adjustments to reflect actual first and third party revenue.</b> Allows the Department to collect revenue for patient reimbursement from 1 <sup>st</sup> and 3 <sup>rd</sup> party payers to cover the cost of placement in state hospitals and centers. Authorizes the Department to adjust financing sources for patient reimbursement based on actual revenues earned. Allows revenue above expenditures to be carried forward into the subsequent fiscal year with approval of State Budget Director.	Sec. 606.	Sec. 606. No change from current year.	Sec. 606. No change from current year.	Sec. 606. No change from current year.	Sec. 606. No change from current year.

# Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
<b><u>PUBLIC HEALTH ADMINISTRATION</u></b>						
80.	<b>Fish advisory.</b> Requires the Department to communicate the annual public health consumption advisory for sportfish. The Department shall, at a minimum, post the advisory for each calendar year on the Internet and make the information in the advisory available to the clients of the WIC program.	Sec. 650.	Sec. 650. No change from current year.	Sec. 650. No change from current year.	Sec. 650. No change from current year.	Sec. 650. No change from current year.
81.	<b>Healthy Michigan 2010 report by state surgeon general.</b> Requires the Department to report to the Legislature the efforts the state Surgeon General has made to help individuals in the State reach the goals established in the Healthy Michigan 2010 report.	Sec. 651.	Not included.	Sec. 651. Updated for FY 2006-07. Replaces "April 30, 2006" with "April 30, 2007".	Not included.	Sec. 651. Updated for FY 2006-07. Replaces "April 30, 2006" with "April 30, 2007".

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
<u>HEALTH POLICY, REGULATION AND PROFESSIONS</u>						
82.	<b>Rural emergency medical services personnel.</b> Requires the Department to work with grantees supported through emergency medical services grants and contracts to ensure that a sufficient number of qualified emergency medical services personnel exist to serve rural areas of the state.	Sec. 704.	Sec. 704. Replaces "The department shall continue to work with grantees supported through the appropriation in part 1 for emergency medical services grants and contracts..." with "The department shall support an emergency medical services program..."	Sec. 704. Replaces "...in part 1 for emergency medical services grants and contracts.." with "...part 1 for emergency medical services program."	Sec. 704. No change from current year.	Sec. 704. No change from current year.
83.	<b>Nursing home inspection executive summaries.</b> Requires Department to post on the Internet the executive summary of the latest inspection for each licensed nursing home.	Sec. 705.	Not included.	Sec. 705. No change from current year.	Sec. 705. No change from current year.	Sec. 705. No change from current year.
84.	<b>Nursing home inspectors.</b> Requires the Department to make every effort to hire nursing home inspectors who have previous experience in the long-term care industry.	Sec. 706.	Sec. 706. No change from current year.	Sec. 706. No change from current year.	Sec. 706. No change from current year.	Sec. 706. No change from current year.



		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
85.	<b>Nurse Scholarship Program.</b> States legislative intent that the nurse scholarship program is used to increase the number of nurses practicing in Michigan. Encourages the Board of Nursing to structure scholarships in a manner that rewards recipients who practice nursing in Michigan. Requires the Department to work cooperatively with the Michigan Higher Education Assistance Authority to coordinate the scholarship program.	Sec. 707.	Sec. 707. Replaces "article" with "bill".	Sec. 707. Replaces "article" with "act".	Sec. 707. No change from current year.	Sec. 707. Replaces "article" with "act".
86.	<b>Reporting requirements regarding patient care hours and the percentage of pool staff used each month.</b> Requires nursing facilities to report in the quarterly staff report to the Department the total patient care hours provided each month, by state licensure and certification classification, and the percentage of pool staff, by state licensure and certification classification, used each month during the proceeding quarter. Requires the Department to make available to the public the quarterly staff report compiled for all facilities including the total patient care hours and the percentage of pool staff used, by classification.	Sec. 708.	Sec. 708. No change from current year.	Sec. 708. No change from current year.	Sec. 708. No change from current year.	Sec. 708. No change from current year.
87.	<b>Michigan Essential Health Care Provider program to include dentists.</b> States that funds from the Michigan Essential Health Care Provider appropriation may also provide loan repayment for dentists.	Sec. 709.	Sec. 709. No change from current year.	Sec. 709. No change from current year.	Sec. 709. No change from current year.	Sec. 709. No change from current year.

Boilerplate Summary

			FY 2006-2007			
			Executive	Senate	House	Conference
		FY 2005-06 PA 154				
88.	<b>Federal Qualified Health Centers (FQHCs).</b> Specifies the funding amount appropriated for primary care services to enhance the service capacity of the FQHCs and FQHC lookalikes.	Sec. 710.	Sec. 710. Dollar figure updated for FY 2006-07 (\$2,296,000 replaced with \$1,723,300).	Sec. 710. Dollar figure updated for FY 2006-07 (\$2,296,000 replaced with \$1,723,300).	Sec. 710. Dollar figure updated for FY 2006-07 (\$2,296,000 replaced with \$1,723,300).	Sec. 710. Dollar figure updated for FY 2006-07 (\$2,296,000 replaced with \$1,723,300).
89.	<b>Licensee directory.</b> Permits Department to publish a directory of licensees. Department could collect a fee for this service. Revenue generated from the fee would be used to offset cost of creating the document.	Sec. 711.	Sec. 711. No change from current year.	Sec. 711. No change from current year.	Sec. 711. No change from current year.	Sec. 711. No change from current year.
90.	<b>Free health clinic funding.</b> Allocates \$250,000 to be equally distributed to free health clinics throughout the state.	Sec. 712.	Sec. 712. No change from current year.	Sec. 712. No change from current year.	Sec. 712. No change from current year.	Sec. 712. No change from current year.
91.	<b>Multi-cultural agencies.</b> Directs Department to continue to support multi-cultural agencies providing primary care services with funds appropriated in part 1.	Sec. 713.	Not included.	Sec. 713. No change from current year.	Sec. 713. Adds "...and to ensure that 100% of these funds are allocated in a timely fashion."	Sec. 713. Adds "...and to ensure that 100% of these funds are allocated in a timely fashion."
92.	<b>Nursing facility complaint investigations.</b> Requires the Department to report to the Legislature on the timeliness of investigations of nursing facility resident complaints. The report is required to include the number of complaints filed by residents and the number of facility reported incidents. Department is further required to make every effort to contact each complainant and subject of a complaint in each investigation.	New Senate Section.	Not included.	Sec. 714.	Not included.	Sec. 714.

# Boilerplate Summary

			FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
		FY 2005-06 PA 154				
93.	<b>Emergency medical service testing certification and inspection.</b> The Department is required to maintain current contracts with organizations providing testing, certification and inspection services through December 31, 2006.	New Senate Section.	Not included.	Sec. 715.	Not included.	Sec. 715.
94.	<b>Homeless shelter health clinic.</b> Provides \$100,000 out of the Primary Care Services line for a study of a health clinic at a Lansing homeless shelter.	New House Section.	Not included.	Not included.	Sec. 716.	Not included.

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
<b><u>INFECTIOUS DISEASE CONTROL</u></b>						
95.	<b>Priority for AIDS programming.</b> Directs Department and its subcontractors to give priority to adolescents in receiving AIDS prevention, education, and outreach services.	Sec. 801.	Sec. 801. No change from current year.	Sec. 801. No change from current year.	Sec. 801. No change from current year.	Sec. 801. No change from current year.
96.	<b>Michigan State Medical Society (MSMS) as lead agency for AIDS provider education.</b> Allows Department to contract with the MSMS to act as lead agency in providing AIDS provider education activities.	Sec. 802	Sec. 802. No change from current year.	Sec. 802. No change from current year.	Sec. 802. No change from current year.	Sec. 802. No change from current year.
97.	<b>AIDS Drug Assistance Program (ADAP).</b> Requires Department to sustain the ADAP at the prior year eligibility criteria and drug formulary.	Sec. 803	Sec. 803. Adds "If the appropriation in part 1 is not sufficient to maintain the prior year eligibility criteria and drug formulary, the department may revise eligibility criteria and drug formulary in a manner that is consistent with federal program guidelines."	Sec. 803. Adds "If the appropriation in part 1 is not sufficient to maintain the prior year eligibility criteria and drug formulary, the department may revise eligibility criteria and drug formulary in a manner that is consistent with federal program guidelines."	Sec. 803. Adds "If the appropriation in part 1 is not sufficient to maintain the prior year eligibility criteria and drug formulary, the department may revise eligibility criteria and drug formulary in a manner that is consistent with federal program guidelines."	Sec. 803. Adds "If the appropriation in part 1 is not sufficient to maintain the prior year eligibility criteria and drug formulary, the department may revise eligibility criteria and drug formulary in a manner that is consistent with federal program guidelines."

# Boilerplate Summary

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
98.	<b>Michigan Prisoner Reentry Initiative and Hepatitis C.</b> Requires the Department to cooperate with the Department of Corrections providing data and information sharing related to released prisoners with Hepatitis C. Establishes reporting requirements.	New House Section.	Not included.	Not included.	Sec. 804.	Sec. 804. House language modified.
99	<b>Childhood vaccination.</b> Language requires the department to work with health plans, medical providers, pharmaceutical manufacturers to ensure the children under the age of 5 receive all their scheduled vaccinations. This section specifically refers to pneumococcal conjugate vaccines.	New Conference Section.	Not included.	Not included.	Not included.	Sec. 805.

# Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
<u>EPIDEMIOLOGY</u>						
100.	<b>Fish advisory funding.</b> Directs the Department to continue to fund the fish advisory from the epidemiology administration appropriation.	New Senate Section.	Not included.	Sec. 851.	Not included.	Not included.

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
<u>LOCAL HEALTH ADMINISTRATION AND GRANTS</u>						
101.	<b>Cost reimbursement to Local Health Departments (LHDs) for services related to 1993 PA 133.</b> Requires that funds appropriated for the Abortion Informed Consent Act be used to reimburse LHDs for costs related to that purpose.	Sec. 901.	Sec. 901. No change from current year.	Sec. 901. No change from current year.	Sec. 901. No change from current year.	Sec. 901. No change from current year.
102.	<b>Penalty upon LHD separation.</b> Allows Department to assess a penalty from a local health department's operational account of up to 5% of that local health department's local public health operations funding for any county that seeks to separate from a district health department.	Sec. 902.	Sec. 902. Updated for FY 2006-07. Replaces "October 1, 2005" with "October 1, 2006".	Sec. 902. Updated for FY 2006-07. Replaces "October 1, 2005" with "October 1, 2006".	Sec. 902. Updated for FY 2006-07. Replaces "October 1, 2005" with "October 1, 2006".	Sec. 902. Updated for FY 2006-07. Replaces "October 1, 2005" with "October 1, 2006".
103.	<b>Report on Lead Abatement program.</b> Requires annual report to the Legislature and the State Budget Director on activities, accomplishments, allocations, and expenditures of the lead abatement program.	Sec. 903.	Sec. 903. No change from current year.	Sec. 903. No change from current year.	Sec. 903. No change from current year.	Sec. 903. No change from current year.
104.	<b>Allocation of Local Public Health Operations (LPHO) funding.</b> (1) Directs that the LPHO appropriation be prospectively allocated to LHDs for nine specific public health services. (2) Requires LHDs to be held to contractual standards for those services. (3) Requires that counties maintain local spending for those services at no less than FY 2005-06 level to be eligible for funding. (4) Requires report on planned allocations by April 1, 2006.	Sec. 904.	Sec. 904. Updated for FY 2006-07. (3) Replaces "fiscal year 2005-2006" with "fiscal year 2006-2007". (4) Replaces "April 1, 2006" with "April 1, 2007".	Sec. 904. Updated for FY 2006-07. (3) Replaces "fiscal year 2005-2006" with "fiscal year 2006-2007". (4) Replaces "April 1, 2006" with "April 1, 2007".	Sec. 904. Updated for FY 2006-07. (3) Replaces "fiscal year 2005-2006" with "fiscal year 2006-2007". (4) Replaces "April 1, 2006" with "April 1, 2007".	Sec. 904. Updated for FY 2006-07. (3) Replaces "fiscal year 2005-2006" with "fiscal year 2006-2007". (4) Replaces "April 1, 2006" with "April 1, 2007".

			FY 2006-2007			
			Executive	Senate	House	Conference
	FY 2005-06 PA 154					
105.	<b>Local public health hearing and vision services.</b> States that local public health agencies shall provide hearing and vision screening services at a reduced level from FY 2004-05. States that these services be targeted to preschool and early elementary aged schoolchildren.	Sec. 905.	Not included.	Sec. 905. Strikes all current year language and replaces with "From the funds appropriated in part 1 for local public health operations, \$5,150,000.00 shall be used to continue funding hearing and vision screening services through local public health departments. The extent of services provided shall be similar to the extent of services provided in fiscal year 2004-2005.	Sec. 905. Strikes all current year language and replaces with "From the funds appropriated in part 1 for local public health operations, \$5,150,000.00 shall be used to continue funding hearing and vision screening services through local public health departments. The extent of services provided shall be similar to the extent of services provided in fiscal year 2004-2005.	Sec. 905. Strikes all current year language and replaces with "From the funds appropriated in part 1 for local public health operations, \$5,150,000.00 shall be used to continue funding hearing and vision screening services through local public health departments. The extent of services provided shall be similar to the extent of services provided in fiscal year 2004-2005.



		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
<b><u>CHRONIC DISEASE AND INJURY PREVENTION AND HEALTH PROMOTION</u></b>						
106.	<b>Alzheimer's information network.</b> Requires funding from the Alzheimer's information network line be used to provide information and referral services through regional networks.	Sec. 1003.	Sec. 1003. No change from current year.	Sec. 1003. No change from current year.	Sec. 1003. No change from current year.	Sec. 1003. No change from current year.
107.	<b>Priority for smoking prevention. (1)</b> Directs that priority in expending smoking prevention funds be given to prevention and smoking cessation programs for pregnant women, women with children, and adolescents. <b>(2)</b> Provides \$900,000 of smoking prevention funds for quit kit program which includes use of a nicotine patch or nicotine gum.	Sec. 1006.	Sec. 1006. No change from current year.	Sec. 1006. No change from current year.	Sec. 1006. No change from current year.	Sec. 1006. No change from current year.
108.	<b>Violence prevention funding allocation. (1)</b> Requires that funds allocated for violence prevention be used to support programs aimed at preventing domestic abuse, rape, and workplace violence. <b>(2)</b> Directs Department to give equal funding consideration to both public and private non-profit entities. <b>(3)</b> Allows Department to include school districts as recipients of grants for family violence prevention projects.	Sec. 1007.	Sec. 1007. No change from current year.	Sec. 1007. No change from current year.	Sec. 1007. No change from current year.	Sec. 1007. No change from current year.
109.	<b>Diabetes management pilot project.</b> Language directs the Department to utilize \$25,000 of the funds appropriated in the Diabetes and Kidney program line for a pilot project in Muskegon County for diabetes management.	New Senate Section.	Not included.	Sec. 1008.	Not included.	Sec. 1008.

Boilerplate Summary

			FY 2006-2007			
			Executive	Senate	House	Conference
		FY 2005-06 PA 154				
110.	<b>National Kidney Foundation.</b> Allows for the allocation of funds from the diabetes line to the National Kidney Foundation of Michigan for kidney disease early identification, education, and prevention projects.	Sec. 1009.	Sec. 1009. No change from current year.	Sec. 1009. No change from current year.	Sec. 1009. No change from current year.	Sec. 1009. No change from current year.
111.	<b>Osteoporosis prevention, education and treatment.</b> Allocates \$200,000 for osteoporosis prevention, treatment and education services.	Sec. 1010.	Sec. 1010. No change from current year.	Sec. 1010. No change from current year.	Sec. 1010. No change from current year.	Sec. 1010. No change from current year.
112.	<b>Stroke prevention.</b> Allocates \$50,000 from funds appropriated for chronic disease prevention for stroke prevention, education, and outreach. Specifies education objectives.	Sec. 1019.	Sec. 1019. No change from current year.	Sec. 1019. No change from current year.	Sec. 1019. No change from current year.	Sec. 1019. No change from current year.
113.	<b>Contingency language for the African-American Male Health Initiative.</b> Contingent on the availability of state restricted Healthy Michigan Fund money or Federal Preventive Health and Health Services Block Grant Fund money, funds shall be appropriated for the African-American Male Health Initiative.	Sec. 1028.	Sec. 1028. No change from current year.	Sec. 1028. No change from current year.	Sec. 1028. No change from current year.	Sec. 1028. No change from current year.
114.	<b>African-American Male Health Initiative participation rate.</b> States legislative intent that male participation in the African-American Male Health Initiative be at least 75%.	New House Section.	Not included.	Not included.	Sec. 1029	Sec. 1029

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
<b><u>FAMILY, MATERNAL, AND CHILDREN'S HEALTH SERVICES</u></b>						
115.	<b>Distribution of funds for maternal and child health activities.</b> Directs Department to review basis of funding distributions to local health departments and other agencies for the WIC, family planning, prenatal care outreach and service delivery support programs and to indicate the basis of reallocation of any unexpended funding.	Sec. 1101.	Sec. 1101. No change from current year.	Sec. 1101. No change from current year.	Sec. 1101. No change from current year.	Sec. 1101. No change from current year.
116.	<b>Report on planned allocations for certain programs.</b> Requires Department report by April 1 the allocations, utilization, and expenditures of the following appropriations: local MCH services, prenatal care outreach, service delivery support, family planning local agreements, and pregnancy prevention program. Report to include: <b>(a)</b> funding allocations; <b>(b)</b> actual number of women, children, and/or adolescents served and amounts expended for each group for the fiscal year.	Sec. 1104.	Sec. 1104. Updated for FY 2006-07. Replaces "April 1, 2006" with April 1, 2007" <b>(b)</b> Replaces "fiscal year 2004-2005" with "fiscal year 2005-2006"	Sec. 1104. Updated for FY 2006-07. Replaces "April 1, 2006" with April 1, 2007" <b>(b)</b> Replaces "fiscal year 2004-2005" with "fiscal year 2005-2006"	Sec. 1104. Updated for FY 2006-07. Replaces "April 1, 2006" with April 1, 2007" <b>(b)</b> Replaces "fiscal year 2004-2005" with "fiscal year 2005-2006"	Sec. 1104. Updated for FY 2006-07. Replaces "April 1, 2006" with April 1, 2007" <b>(b)</b> Replaces "fiscal year 2004-2005" with "fiscal year 2005-2006"
117.	<b>Department shall contract with agencies best able to serve clients.</b> Requires Department to evaluate agencies' ability to: serve high-risk populations; access to service sites; management efficiency; ability to meet Federal standards. The Department is to contract with the agency best able to meet these standards.	Sec. 1105.	Sec. 1105. No change from current year.	Sec. 1105. No change from current year.	Sec. 1105. No change from current year.	Sec. 1105. No change from current year.

			FY 2006-2007			
			Executive	Senate	House	Conference
	FY 2005-06 PA 154					
118.	<b>Requirements for receiving family planning funds.</b> Requires agencies receiving Federal family planning funding to comply with Federal performance and quality indicators; Prohibits non-compliant agencies from receiving supplemental or reallocated funds.	Sec. 1106.	Sec. 1106. No change from current year.	Sec. 1106. No change from current year.	Sec. 1106. No change from current year.	Sec. 1106. No change from current year.
119.	<b>Expenditure of Federal abstinence money. (1)</b> Requires that Federal abstinence funding be used to provide abstinence education to teenagers most likely to engage in high-risk behaviors as their primary focus, and may include programs that include 9 to 17 year olds; sets guidelines for curriculum of funded programs. <b>(2)</b> Requires that priority in the allocation of funds be given to organizations that involve parents and do not provide contraceptives to minors. <b>(3)</b> Programs meeting the criteria established in subsections (1) and (2) may receive funding directly from the Department.	Sec. 1106a.	Sec. 1106a. No change from current year.	Sec. 1106a. No change from current year.	Sec. 1106a. No change from current year.	Sec. 1106a. No change from current year.
120.	<b>Administrative expenses for prenatal care programs.</b> Limits administrative spending for the prenatal care outreach and service delivery support program to 9%.	Sec. 1107.	Sec. 1107. No change from current year.	Sec. 1107. No change from current year.	Sec. 1107. No change from current year.	Sec. 1107. No change from current year.
121.	<b>Prohibition on use of funds for abortion.</b> Prohibits the use of pregnancy prevention funds for abortion counseling, referrals, and services.	Sec. 1108.	Sec. 1108. No change from current year.	Sec. 1108. No change from current year.	Sec. 1108. No change from current year.	Sec. 1108. No change from current year.

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
122.	<b>Volunteer dental program. (1)</b> Requires funds to be allocated to the Michigan Dental Association for the administration of a volunteer dental program that would provide services to the uninsured in an amount that is no less than the amount allocated in FY 1996-97. <b>(2)</b> Not later than December 1 of the current fiscal year, the Department shall make available upon request the number of individual patients treated, number of procedures performed, and approximate total market value of those procedures.	Sec. 1109.	Sec. 1109. Updated for FY 2006-07. <b>(2)</b> Replaces "September 30, 2005" with "September 30, 2006.".	Sec. 1109. Updated for FY 2006-07. <b>(2)</b> Replaces "September 30, 2005" with "September 30, 2006.".	Sec. 1109. Updated for FY 2006-07. <b>(2)</b> Replaces "September 30, 2005" with "September 30, 2006.".	Sec. 1109. Updated for FY 2006-07. <b>(2)</b> Replaces "September 30, 2005" with "September 30, 2006.".
123.	<b>Receipt of pregnancy prevention/family planning funds directly from Department.</b> Allows agencies currently receiving pregnancy prevention funds and either receiving and/or are eligible for family planning funds to receive such funds directly from the Department and be designated as delegate agencies.	Sec. 1110.	Sec. 1110. No change from current year.	Sec. 1110. No change from current year.	Sec. 1110. No change from current year.	Sec. 1110. No change from current year.
124.	<b>Limit on administrative spending for pregnancy prevention/family planning programs.</b> Allocates no less than 88% of the amounts appropriated for family planning local agreements and the pregnancy prevention program for the direct provision of family planning and pregnancy prevention services.	Sec. 1111.	Sec. 1111. No change from current year.	Sec. 1111. No change from current year.	Sec. 1111. No change from current year.	Sec. 1111. No change from current year.
125.	<b>Funding to communities with high infant mortality.</b> Allocates at least \$1 million from funds appropriated for prenatal care outreach and service delivery support to communities with high infant mortality rates.	Sec. 1112.	Sec. 1112. No change from current year.	Sec. 1112. No change from current year.	Sec. 1112. No change from current year.	Sec. 1112. No change from current year.

## Boilerplate Summary

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
126.	<b>Requirements for recipients of family planning and pregnancy prevention funding.</b> Boilerplate establishes new requirements for recipients of funding through the family planning local agreements and pregnancy prevention program lines.  <i>House Language</i> <b>(1)</b> Requires the Department to ensure that funds through these lines are used to protect public health, providers are to discourage sexual activity outside of wedlock by emphasizing health and financial risks associated with this behavior. <b>(2)</b> Establishes reporting requirements for the Department for the following indicators <b>(a)</b> Expenditure of funds for medical costs associated with out-of-wedlock sexual activity broken down by marital status <b>(b)</b> State expenditure, by marital status, on individuals who have contracted STDs <b>(c)</b> State expenditure on out-of-wedlock pregnancy <b>(d)</b> number of parents/guardians who accompany an unmarried minor to service provider <b>(e)</b> providers receiving public funds must report proportion of funds used to promote abstinence <b>(3)</b> Department may use current reporting formats to fulfill (2), providers non-compliant with (2) are to be denied funding for two years.  <i>Conference Language</i> Permits providers receiving funds from these two lines to include an optional response field on patient information documents requesting information on marital status of the client	New House Section.	Not included.	Not included.	Sec. 1113.	Sec. 1113.
127.	<b>Safe delivery of newborns website.</b> Language provides \$30,000 for the creation of a website to train public service and agency personnel on the provisions of the safe delivery of newborns law.	New House Section.	Not included.	Not included.	Sec. 1114.	Sec. 1114.

Boilerplate Summary

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
128.	<b>Ultrasonnd equipment fund.</b> Deposits \$100,000 in the ultrasound equipment fund. States that this allocation shall be used to provide grants for the purchase of ultrasound equipment and for the administration of the ultrasound grant program.	New House Section.	Not included.	Not included.	Sec. 1115.	Not included.
129.	<b>Report on children with elevated blood lead levels.</b> Requires Department to report annually on the number of children with elevated blood lead levels from information available to the Department. Report to provide the information by county, shall include the level of blood lead reported, and shall indicate the sources of the information.	Sec. 1129.	Sec. 1129. No change from current year.	Sec. 1129. No change from current year.	Sec. 1129. No change from current year.	Sec. 1129. No change from current year.
130.	<b>Nurse family partnership program.</b> Language requires the department to allocate, from the funds appropriated for special projects, \$400,000 gross to the nurse family partnership program.	New Conference Section.	Not included.	Not included.	Not included.	Sec. 1132.
131.	<b>Release of infant mortality data.</b> Requires Department to release infant mortality rate data to all local public health departments no later than 48 hours prior to releasing infant mortality rate data to the public.	Sec. 1133.	Sec. 1133. No change from current year.	Sec. 1133. No change from current year.	Sec. 1133. No change from current year.	Sec. 1133. No change from current year.

Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
132.	<b>School health curriculum. (1)</b> Directs that the provision of the school health curriculum shall meet the health education goals established by the Michigan Model for the Comprehensive School Health Education State Steering Committee. Directs that the steering committee membership be composed of persons from: <b>(a)</b> Department of Education, <b>(b)</b> Department of Community Health (DCH), <b>(c)</b> Health Administration in DCH, <b>(d)</b> Bureau of Mental Health and Substance Abuse Services in DCH, <b>(e)</b> Department of Human Services, and <b>(f)</b> Department of State Police. <b>(2)</b> Allows curriculum materials, excluding academic examination materials, to be made available to pupils over 18 and parents upon request.	Sec. 1135.	Sec. 1135. No change from current year.	Sec. 1135. No change from current year.	Sec. 1135. No change from current year.	Sec. 1135. No change from current year.
133.	<b>Contingency language for Child Advocacy Centers.</b> Contingent on the availability of state funds, funds shall be appropriated for child advocacy centers.	Sec. 1136.	Not included.	Not included.	Not included.	Not included.
134.	<b>Before and after school program. (1)</b> Allocates \$0.00 for a grant program for before and after school programs targeted to elementary-aged schoolchildren. Restricts the allocation to a single county to 20% of total available grant funds. Creates priority for programs that have secured other matching funds. <b>(2)</b> Department will shares administrative responsibility for this program with the Department of Human Services and the State Board of Education. <b>(3)</b> Funding for this program would be targeted to programs that focus upon academic improvement and health lifestyle change.	New Senate Section.	Not included.	Sec. 1137.	Not included.	Not included.



Boilerplate Summary

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
<b><u>WOMEN, INFANTS, AND CHILDREN (WIC)</u></b>						
<b><u>FOOD AND NUTRITION PROGRAM</u></b>						
135.	<b>Project FRESH.</b> Allows Department to work with local agencies to define local annual contributions for Project FRESH in order to enable the Department to request Federal matching funds based on local commitment of funds.	Sec. 1151.	Sec. 1151. No change from current year.	Sec. 1151. No change from current year.	Sec. 1151. No change from current year.	Sec. 1151. No change from current year.
136.	<b>WIC lead screening.</b> Department is required to mandate that all Medicaid children participating in the WIC supplemental food program receive lead screening testing.	New House Section.	Not included.	Not included.	Sec. 1152.	Sec. 1152.

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
<b><u>CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS)</u></b>						
137.	<b>Payments for medical care and treatment.</b> Requires reimbursement policies for medical care and treatment be consistent with Medicaid policies; exceptions may be made with approval of the State Budget Director.	Sec. 1201.	Sec. 1201. No change from current year.	Sec. 1201. No change from current year.	Sec. 1201. No change from current year.	Sec. 1201. No change from current year.
138.	<b>CSHCS program guidelines.</b> States that the CSHCS program may cover provision of formula to clients with allergic disorders, cover medical care for individuals over the age of 21 who have cystic fibrosis or hemophilia and provide genetic testing and counseling for eligible families in the program.	Sec. 1202.	Sec. 1202. No change from current year.	Sec. 1202. No change from current year.	Sec. 1202. No change from current year.	Sec. 1202. No change from current year.
139.	<b>Referral to appropriate local service.</b> Directs that all children medically eligible for CSHCS be referred to a locally based services program.	Sec. 1203.	Not included.	Not included.	Sec. 1203. No change from current year.	Sec. 1203. No change from current year.

Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
<u>OFFICE OF DRUG CONTROL POLICY</u>						
140.	<b>Drug Courts.</b> Requires the Department to provide \$1.8 million in Byrne formula grant program funding to the Judiciary through an IDG. This allocation is to be made in addition to the \$1.8 million in Byrne funding the Department provides for local drug treatment courts.	Sec. 1250.	Sec. 1250. No change from current year.	Sec. 1250. No change from current year.	Sec. 1250. Dollar figure updated for FY 2006-07. Replaces "\$1,800,000" with "\$1,799,900" .	Sec. 1250. Strikes "In addition to the \$1,800,000.00 in Byrne formula grant funding the department provides to local drug treatment courts..."

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
<b><u>CRIME VICTIMS SERVICES COMMISSION</u></b>						
141.	<b>Restrictions on use of Crime Victims Services Commission grant funds.</b> Language directs the Department to establish restrictions on how grants through the Crime Victims Services Commission may be used.	New Senate and House Section.	Not included.	Sec. 1301.	Sec. 1301.	Sec. 1301. Senate language.
<i>Senate Language</i>						
(1) Prohibits organizations receiving grant funds from the Crime Victims Services Commission to use any portion of their allocation for lobbying efforts. (2) Directs the Department to assure that recipient organizations comply with this lobbying restriction.						
<i>House Language</i>						
(1) Justice Assistance Grant program awards made to non-profit organizations will only be available to organizations that utilize at least 35% of their budget for direct social or supportive services to individuals. Faith based organizations or organizations that provide medical care are exempt from this requirement. (2) Affirms that grants awarded under this section are restricted for use for services to those who have suffered physical, sexual, financial or emotional harm or injury as a result of a threatened, attempted or completed crime.						

Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
142.	<b>Forensic nurse examiner programs.</b> Allocates up to \$50,000 from justice assistance grants for the expansion of forensic nurse examiner programs to facilitate training for improved evidence collection for the prosecution of sexual assault. Funds are to be used for program coordination, training, and counseling. Directs that unexpended funds be carried forward.	Sec. 1302.	Sec. 1302. No change from current year.	Sec. 1302. No change from current year.	Sec. 1302. No change from current year.	Sec. 1302. No change from current year.
143.	<b>Collection of sexual assault evidence.</b> Requires Department to work with the Department of State Police, the Michigan Health and Hospital Association, the Michigan State Medical Society, and the Michigan Nurses Association to ensure that the recommendations included in the <i>Standard Recommended Procedures for the Emergency Treatment of Sexual Assault Victims</i> be followed in the collection of evidence.	Sec. 1304.	Not included.	Sec. 1304. No change from current year.	Sec. 1304. No change from current year.	Sec. 1304. No change from current year.

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
<b><u>OFFICE OF SERVICES TO THE AGING (OSA)</u></b>						
144.	<b>Eligibility for services.</b> Restricts community, nutrition, and home services to eligible individuals at least 60 years of age that fail to qualify for home care services through Medicare, Medicaid or other Federally supported social service programs.	Sec. 1401.	Sec. 1401. No change from current year.	Sec. 1401. No change from current year.	Sec. 1401. No change from current year.	Sec. 1401. No change from current year.
145.	<b>Waiting lists for home delivered meals.</b> Requires regions to report to OSA their waiting lists on home delivered meals broken down by a recipients degree of frailty, ability to prepare his or her own meals, whether there is another provider available, and whether there are other requirements they would normally need to meet to receive program services.	Sec. 1403.	Sec. 1403. No change from current year.	Sec. 1403. No change from current year.	Sec. 1403. No change from current year.	Sec. 1403. No change from current year.
146.	<b>Receipt and expenditure of fees by Area Agencies on Aging (AAAs).</b> Allows AAAs and local providers to receive and expend fees for the provision of day care, care management, respite care, and certain eligible home- and community-based services. Directs that fees shall be assessed on a sliding fee schedule and shall be used to expand services.	Sec. 1404.	Sec. 1404. No change from current year.	Sec. 1404. No change from current year.	Sec. 1404. No change from current year.	Sec. 1404. No change from current year.
147.	<b>Requirements on allocation of respite care funds.</b> Directs that the \$5,000,000 in tobacco settlement funds appropriated for the respite care program be allocated only for direct respite care and in accordance with the plan developed by the Long Term Care Working Group. Not more than 9% of the amount shall be expended on administration.	Sec. 1406	Sec. 1406. Replaces " <u>tobacco settlement trust funds...</u> " with " <u>merit award trust funds..</u> ".	Sec. 1406. Replaces " <u>tobacco settlement trust funds...</u> " with " <u>merit award trust funds..</u> ".	Sec. 1406. Replaces " <u>tobacco settlement trust funds...</u> " with " <u>merit award trust funds..</u> ".	Sec. 1406. Replaces " <u>tobacco settlement trust funds...</u> " with " <u>merit award trust funds..</u> ".

FY 2005-06  
PA 154

		<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
148.	<b>Legislative commitment to locally-based services; prohibition on the direct provision of services.</b> Affirms the Legislature's commitment to locally-based services and the support of local county Board of Commissioners' role in approval of Area Agency on Aging plans, and the right of counties to change membership in Area Agencies on Aging. States the intent of the Legislature to prohibit Area Agencies on Aging from providing direct services unless they receive a waiver from the Department.	Sec. 1413.  Sec. 1413. Replaces "The legislature affirms..." with "The office of services of the aging affirms..." Replaces "The legislature supports..." with "and supports..." Replaces "The legislature supports choice and the right of local counties to change membership..." with "Local agencies may request to change membership..." Replaces "...an area agency on aging that is contiguous to that county" with "...an area agency on agency region that is contiguous to that county pursuant to the office of services to the aging designation." Replaces "The legislature supports the office of services to the aging working with..." with "The office of services to the aging may work with..." Replaces "It is the intent of legislature to prohibit area agencies on aging from providing direct services...unless they receive a wavier from the department." with "Area agencies on aging are prohibited from providing direct services other than access services." Replaces "the department" with "the commission on services to the aging". Strikes "The legislature's intent in..."	Sec. 1413. No change from current year.	Sec. 1413. Replaces "The legislature affirms..." with "The office of services of the aging affirms..." Replaces "The legislature supports..." with "and supports..." Replaces "The legislature supports choice and the right of local counties to change membership..." with "Local counties may request to change membership..." Replaces "...an area agency on aging that is contiguous to that county" with "...an area agency on aging region that is contiguous to that county pursuant to office of services to the aging policies and procedures for area agency on aging designation." Replaces "The legislature supports the office of services to the aging working with..." with "The office of services to the aging may work with..." Replaces "It is the intent of legislature to prohibit area agencies on aging from providing direct services including home and community based services unless the agencies receive a wavier from the department." with "Area agencies on aging are prohibited from providing direct services other than access services unless they receive a waiver from the commission on services to the aging." Strikes "The legislature's intent in..."	Sec. 1413. Replaces "...including home and community-based services waiver" with "...including home and community based waiver services".

# Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
149.	<b>Legislative commitment to in-home services for those not served by the waiver.</b> Affirms Legislature's commitment to provide in-home services, resources, and assistance for the frail elderly who are not being served by the Medicaid MICHoice waiver program.	Sec. 1416	Sec. 1416. Replaces "The legislature affirms the commitment to provide..." with "The office of services to the aging may provide..."	Sec. 1416. No change from current year.	Sec. 1416. No change from current year.	Sec. 1416. No change from current year.



Boilerplate Summary

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
<u>MICHIGAN FIRST HEALTHCARE PLAN</u>						
150.	<b>Michigan First Healthcare Plan.</b> Language specifies that funds appropriated in the Michigan First Healthcare plan line are contingent upon Federal approval of a State waiver.	New Executive Section.	Sec. 1501.	Sec. 1501.	Sec. 1501.	Sec. 1501.
151.	<b>Michigan First contracting process.</b> Department would be required to ensure that contracts offered through the plan are competitively bid to all health plans in the State.	New Senate and House Section.	Not included.	Sec. 1502.	Sec. 1502.	Sec. 1502.
<i>Senate Language</i> Required the Department to ensure, upon approval, that contracts for coverage through the Michigan First Healthcare Plan would be available through a competitive bid process.						
<i>House Language</i> Required the Department to ensure, upon approval, that contracts for coverage through the Michigan First Healthcare Plan would be available through a competitive bid process. Forbids the Department from awarding a single source contract to operate the benefit.						
<i>Conference Language</i> Upon approval of the Michigan First Healthcare Plan requires the Department to provide a report to the Senate and House Appropriations Subcommittees on Community Health, the fiscal agencies and the budget director detailing the process for determining which organizations will participate in the program. Forbids the Department from awarding a single source contract to operate the benefit.						

# Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
152.	<b>Michigan First Healthcare documents.</b> The Department would be required to provide a copy of the Federally approved Michigan First Healthcare Plan to the Legislature, the House and Senate fiscal agencies and the State Budget Director at least 90 days prior to implementation of the program.	New House Section.	Not included.	Not included.	Sec. 1503.	Sec. 1503.

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
<b><u>MEDICAL SERVICES</u></b>						
153.	<b>Determining Medicaid eligibility for adult foster care and long term care residents.</b> States that the cost of remedial services for residents of licensed adult foster care and licensed homes for the aged shall be used in determining eligibility for Medicaid.	Sec. 1601.	Sec. 1601. No change from current year.	Sec. 1601. No change from current year.	Sec. 1601. No change from current year.	Sec. 1601. No change from current year.
154.	<b>Qualified Medicare Beneficiaries (QMBs).</b> States that low-income elderly and disabled individuals up to 100% federal poverty level shall be eligible for Medicaid services.	Sec. 1602.	Sec. 1602. No change from current year.	Sec. 1602. No change from current year.	Sec. 1602. No change from current year.	Sec. 1602. No change from current year.
155.	<b>Medicaid buy-in program. (1)</b> Allows Department to establish a program to allow persons to purchase Medicaid coverage. <b>(2)</b> Allows Department to receive and expend premiums in addition to the amounts appropriated in Part 1. <b>(3)</b> Requires premiums to be classified as private funds.	Sec. 1603.	Sec. 1603. No change from current year.	Sec. 1603. No change from current year.	Sec. 1603. No change from current year.	Sec. 1603. No change from current year.
156.	<b>Recognition of Receipt of Medicaid Application.</b> States that if an applicant is found eligible for the Medicaid program that the Department will reimburse providers for all services provided since the first day of the month. Requires the Department of Human Services to treat applications received on a weekend or a holiday on the last day of the month to be recognized as received on the last day of the previous month.	Sec. 1604.	Not included.	Sec. 1604. No change from current year.	Sec. 1604. No change from current year.	Sec. 1604. No change from current year.

Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
157.	<b>Protected income level. (1)</b> Sets the protected income level for Medicaid coverage at 100% of the related public assistance standard. <b>(2)</b> Requires the Legislature and the State Budget Director to be notified prior to a change to the protected income level.	Sec. 1605.	Sec. 1605. No change from current year.	Sec. 1605. No change from current year.	Sec. 1605. No change from current year.	Sec. 1605. No change from current year.
158.	<b>Guardian and conservator charges as allowable expense.</b> Allows Department to deduct up to \$60 per month for guardian and conservator charges as an allowable expense when determining Medicaid eligibility and patient payments.	Sec. 1606.	Sec. 1606. No change from current year.	Sec. 1606. No change from current year.	Sec. 1606. Replaces "...may deduct up to \$60.00 per month..." with "...may deduct up to \$45.00 per month..."	Sec. 1606. Replaces "...may deduct up to \$60.00 per month..." with "...may deduct up to \$45.00 per month..."

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
159.	<p><b>Presumed eligibility for Medicaid. (1)</b> States that a pregnant Medicaid applicant will be presumed eligible for Medicaid unless the preponderance of evidence indicates otherwise. The applicant will be allowed to select or remain with the Medicaid participating obstetrician of her choice. <b>(2)</b> Such an applicant shall be given a letter of authorization to receive Medicaid pregnancy-related services and a listing of Medicaid participating physicians and managed care plans in her area. States that all qualifying applicants shall be entitled to receive all medically necessary obstetrical and prenatal care without prior authorization from a health plan. Requires all claims for obstetrical and prenatal care to be paid at the Medicaid fee-for-services rate in the event that a contract does not exist between the provider and managed care plan. <b>(3)</b> If applicant is subsequently found to be ineligible, a Medicaid physician or managed care provider that has been providing pregnancy services to the applicant is entitled to reimbursement for those services until they are notified by the Department that the applicant is ineligible. <b>(4)</b> If the preponderance of evidence indicates that the applicant is not eligible for Medicaid, the Department shall refer that applicant to the nearest public health clinic as a potential source for receiving services. <b>(5)</b> Requires the Department to develop an enrollment process for pregnant women covered under this section that facilitates the selection of a managed care plan at the time of application.</p>	Sec. 1607.	Sec. 1607. No change from current year.	Sec. 1607. No change from current year.	Sec. 1607. No change from current year.	Sec. 1607. No change from current year.

Boilerplate Summary

			FY 2006-2007			
			Executive	Senate	House	Conference
		FY 2005-06 PA 154				
160.	<b>Hospital enrollment of Medicaid-eligible newborns.</b> Instructs the Department to work with the Department of Human Services to modify program policies to allow hospitals to enroll newborn eligible children into the fee-for-service option, if a parent is unwilling or unable to choose a Medicaid HMO.	New Senate Section.	Not included.	Sec. 1608	Not included.	Not included.
161.	<b>Cost report grievances.</b> Requires Department to provide an administrative procedure for review of cost report grievances by providers regarding reimbursements. Requires settlements for properly submitted cost reports to be paid within nine months.	Sec. 1610.	Not included.	Sec. 1610. No change from current year.	Sec. 1610. No change from current year.	Sec. 1610. No change from current year.
162.	<b>Third party payment as payment in full. (1)</b> Prohibits reimbursement for services provided to Medicaid eligibles from exceeding amounts established for Medicaid-only payments; Requires Medicaid payment to be accepted as payment in full. <b>(2)</b> Reimbursement for hospital services for dual Medicaid/Medicare recipients with Part B coverage only shall equal Medicaid reimbursement levels including capital payments.	Sec. 1611.	Sec. 1611. No change from current year.	Sec. 1611. No change from current year.	Sec. 1611. No change from current year.	Sec. 1611. No change from current year.
163.	<b>Electronic submission of billing.</b> Requires the Department to require Medicaid providers to submit billing electronically, unless prohibited by Federal or State law or regulation.	Sec. 1615.	Not included.	Sec. 1615. No change from current year.	Sec. 1615. No change from current year.	Sec. 1615. No change from current year.

Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
164.	<b>Medicaid payment recovery.</b> Contingent upon recovery of Medicaid overpayment, identified in a performance audit of Michigan Medicaid in April, 2005 up to \$8,753,700 Gross / \$3,800,000 GF (about half of the identified overpayment) may be authorized within the Medicaid hospital services and therapy line.	Sec. 1616.	Not included.	Not included.	Not included.	Not included.
165.	<b>Pharmacy dispensing fee and copayments. (1)</b> Sets the pharmacy dispensing fee for FFS recipients, who do not reside in nursing homes, at \$2.50, or the pharmacy's usual or customary cash charge, whichever is less. Establishes the nursing home dispensing fee at \$2.75 or the pharmacy's usual or customary cash charge whichever is less. <b>(2)</b> Requires Medicaid prescription copayment of \$1 for a generic drug and \$3 for a brand-name drug when an equivalent generic drug is available. <b>(3)</b> Directs that an optional mail-order pharmacy for FFS recipients be implemented.	Sec. 1620.	Sec. 1620. No change from current year.	Sec. 1620. No change from current year.	Sec. 1620. No change from current year.	Sec. 1620. No change from current year.
166.	<b>Prospective drug utilization review and disease management; prohibition of therapeutic substitution. (1)</b> Allows Department to implement a prospective drug utilization review and disease management systems. These systems would be developed with consultation from pharmaceutical and provider organizations. This review would have physician oversight focus upon education efforts and be developed in consultation with pharmacy and provider trade organizations. <b>(2)</b> Prohibits therapeutic substitution.	Sec. 1621.	Not included.	Sec. 1621. No change from current year.	Sec. 1621. No change from current year.	Sec. 1621. No change from current year.

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
167.	<b>Disease management pilot projects; savings in lieu of supplemental rebates.</b> (1) Allows the Department, in conjunction with pharmaceutical manufacturer, to establish pilot projects to test the efficacy of disease management and health management programs. (2) Allows the Department to negotiate a plan that uses the savings resulting from these programs, in lieu of requiring a supplemental rebate for the inclusion of those participating manufacturer's products on the Departments preferred drug list.	Sec. 1621a.	Not included.	Sec. 1621a. No change from current year.	Sec. 1621a. No change from current year.	Sec. 1621a. No change from current year.
168.	<b>Maintenance drugs.</b> (1) Directs Department to continue the Medicaid policy allowing for the dispensing of a 100-day supply of maintenance drugs. (2) Requires Department to notify all Medicaid providers of this policy. (3) The notice shall also clarify that a pharmacy shall fill a prescription in the quantity written by the physician, but not more than the maximum allowed under Medicaid, unless subsequent consultation with the prescribing physician indicates otherwise.	Sec. 1623.	Sec. 1623. No change from current year.	Sec. 1623. No change from current year.	Sec. 1623. No change from current year.	Sec. 1623. No change from current year.
169.	<b>Atypical antipsychotics.</b> Requires the Department to continue its practice of placing all atypical antipsychotic medications on the Medicaid preferred drug list.	Sec. 1625.	Sec. 1625. No change from current year.	Sec. 1625. No change from current year.	Sec. 1625. No change from current year.	Sec. 1625. No change from current year.



			FY 2006-2007				
			FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
170.	<b>Prior authorization for pharmaceutical manufacturers not providing rebates. (1)</b> Requires Department to use procedures and rebate amounts specified under Federal law to secure quarterly rebates from manufacturers for outpatient drugs dispensed to participants in the MICHild programs, Maternal Outpatient Medical Services program, State Medical Program, CSHCS, and EPIC. <b>(2)</b> For products distributed by manufacturers not providing quarterly rebates, the Department may require preauthorization.	Sec. 1627.	Sec. 1627. <b>(1)</b> Removed "state medical program" and "EPIC" and added "adult benefits waiver" from list of programs from which the Department is required to collect rebates.	Sec. 1627. <b>(1)</b> Removed "state medical program" and "EPIC" and added "adult benefits waiver" from list of programs from which the Department is required to collect rebates.	Sec. 1627. <b>(1)</b> Removed "state medical program" and "EPIC" and added "adult benefits waiver" from list of programs from which the Department is required to collect rebates.	Sec. 1627. <b>(1)</b> Removed "state medical program" and "EPIC" and added "adult benefits waiver" from list of programs from which the Department is required to collect rebates.	
171.	<b>Impact of Medicare part D on psychotropic pharmacy. (1)</b> Instructs the Department to create a committee to study the implementation of psychotropic pharmacy administration under the Medicare Part D program. The committee would study the effectiveness of enrollment and medication access for individuals dually enrolled in the Medicare and Medicaid programs. <b>(2)</b> Provides list of organizations represented on the committee. <b>(3)</b> Committee is to provide a report to the House and Senate by September 30, 2006.	Sec. 1628.	Not included.	Sec. 1628. Updated for FY 2006-07. <b>(1)</b> Replaces "April 2006" with "April 2007". <b>(3)</b> Replaces "September 30, 2006" with "September 30, 2007".	Sec. 1628. Updated for FY 2006-07. <b>(1)</b> Replaces "April 2006" with "April 2007". <b>(3)</b> Replaces "September 30, 2006" with "September 30, 2007".	Sec. 1628. Updated for FY 2006-07. <b>(1)</b> Replaces "April 2006" with "April 2007". <b>(3)</b> Replaces "September 30, 2006" with "September 30, 2007".	
172.	<b>Maximum allowable cost (MAC) pricing.</b> Requires the Department to utilize MAC pricing for generic drugs. The MAC price will be based on wholesaler pricing to providers that is available from at least 2 wholesalers who deliver in Michigan.	Sec. 1629.	Sec. 1629. No change from current year.	Sec. 1629. No change from current year.	Sec. 1629. No change from current year.	Sec. 1629. No change from current year.	

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			FY 2006-2007				
			FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
173.	<b>Continuation of hearing aid, podiatric, and chiropractic services; hearing aid restrictions.</b> Directs that Medicaid hearing aid services, podiatric services, and chiropractic services continue at not less than the levels in effect on Oct. 1, 2002; Reasonable utilization limits may be adopted in order to prevent excess utilization. Prohibits the Department from imposing utilization restrictions on chiropractic services unless a recipient has exceeded 18 office visits within 1 year. <b>(2)</b> Department may purchase hearing aids for Medicaid recipients in bulk, limit hearing aid benefits and limit replacement to once every three years.	Sec. 1630.		Sec. 1630. No change from current year.	Sec. 1630. No change from current year.	Sec. 1630. No change from current year.	Sec. 1630. No change from current year.
174.	<b>Copayments for Medicaid services. (1)</b> Directs Department to require copayments on dental, podiatric, chiropractic, vision, and hearing aid services provided to Medicaid recipients, except as prohibited by Federal or State law or regulation. <b>(2)</b> Establishes copayments for Medicaid recipients on physician visits, outpatient and inpatient hospitalization services and emergency room utilization.	Sec. 1631.		Sec. 1631. No change from current year.	Sec. 1631. No change from current year.	Sec. 1631. <b>(2) (b)</b> Replaces "Three dollars for a hospital emergency room visit" with "Six dollars for a hospital emergency room visit".	Sec. 1631. <b>(2) (b)</b> Replaces "Three dollars for a hospital emergency room visit" with "Six dollars for a hospital emergency room visit".
175.	<b>Contingency language for Healthy Kids Dental.</b> Directs Department to expand the Healthy Kids dental program statewide if funds become available specifically for the expansion of the program.	Sec. 1633.		Not included.	Sec. 1633. No change from current year.	Sec. 1633. Replaces "...auxiliary medical services" with "dental services".	Sec. 1633. Replaces "...auxiliary medical services" with "dental services".

Boilerplate Summary

			FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
	FY 2005-06 PA 154					
176.	<b>Continuation of 5% ambulance increase.</b> Requires Department to continue the 5% increase in payment rates implemented in FY 2000-01 from the funds appropriated for ambulance services. Further requires the Department to increase mileage reimbursement to \$4.25 per statute mile.	Sec. 1634.	Sec. 1634. No change from current year.	Sec. 1634. No change from current year.	Sec. 1634. Replaces "...and increase the ground mileage reimbursement rate per statute mile to \$4.25." with "...and continue the ground mileage reimbursement rate per statute mile at \$4.25."	Sec. 1634. Replaces "...and increase the ground mileage reimbursement rate per statute mile to \$4.25." with "...and continue the ground mileage reimbursement rate per statute mile at \$4.25."
177.	<b>Non-emergency transportation brokerage program. (1)</b> Requires the Department to submit a state plan amendment by January 1, 2007 to establish a non-emergency transportation brokerage program for fee-for-service Medicaid beneficiaries. <b>(2)</b> Contracts established through the program will be with one or more brokers to manage transportation services to and from medical providers.	New House Section.	Not included.	Not included.	Sec. 1634a.	Not included.

Boilerplate Summary

			FY 2006-2007				
			FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
178.	<b>Medicaid reimbursement increase for Obstetrical services.</b> Appropriates \$6,910,800 Gross / \$3,000,000 General Fund to increase Medicaid reimbursement rates for obstetrical services.	Sec. 1635.	Sec. 1635. No change from current year.	Sec. 1635. No change from current year.	Sec. 1635. Replaces "...\$6,910,800.00 , of which \$3,000,000.00 is general fund / general purpose funds, shall be allocated to increase Medicaid reimbursement rates for obstetrical services." with "...the Department shall continue the increase in Medicaid reimbursement rates for obstetrical services implemented in fiscal year 2005-2006."	Sec. 1635. Replaces "...\$6,910,800.00 , of which \$3,000,000.00 is general fund / general purpose funds, shall be allocated to increase Medicaid reimbursement rates for obstetrical services." with "...the Department shall continue the increase in Medicaid reimbursement rates for obstetrical services implemented in fiscal year 2005-2006."	

Boilerplate Summary

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
179.	<b>Increase in Medicaid reimbursement for physicians services.</b> Allocates additional Medicaid funds for a rate increase for physician services.  <i>House Language</i> Language provides \$33.3 million Gross / \$14.5 million GF/GP for an increase in physician rates.  <i>Conference Language</i> <b>(1)</b> Language provides \$16.6 million Gross / \$7.3 million GF/GP to increase Medicaid reimbursement for well-child procedure codes and primary care procedure codes. <b>(2)</b> Requires the Department to report to the legislature on the codes affected by (1) and the amount and percentage increase in reimbursement that will be provided for each code.	New House Section.	Not included.	Not included.	Sec. 1636.	Sec. 1636.
180.	<b>Personal responsibility agreement. (1)</b> States that all Medicaid recipients will have an opportunity to sign a personal responsibility agreement. <b>(2)</b> The agreement will require that Medicaid recipients not smoke, attend all scheduled medical appointments, exercise regularly, keep their children up to date with their immunizations and not abuse illegal drugs.	Sec. 1637.	Sec. 1637. No change from current year.	Sec. 1637. No change from current year.	Sec. 1637. No change from current year.	Sec. 1637. No change from current year.
181.	<b>Requirements for institutional cost reports.</b> States that institutional provider cost reports shall be submitted, completed in full, within five months after the end of the fiscal year.	Sec. 1641.	Sec. 1641. No change from current year.	Sec. 1641. No change from current year.	Sec. 1641. No change from current year.	Sec. 1641. No change from current year.

Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
182.	<b>Psychiatric residency program funding.</b> Allocates \$10,359,000 of the funds appropriated for GME in the hospital services line for the psychiatric residency training program that establishes and maintains collaborative relations with the medical schools at Michigan State and Wayne State if the necessary Medicaid matching funds are provided by universities as allowable state match.	Sec. 1643.	Sec. 1643. No change from current year.	Sec. 1643. No change from current year.	Sec. 1643. No change from current year.	Sec. 1643. No change from current year.
183.	<b>Elimination from Medicaid eligibility caretaker relatives and 19 and 20 year olds. (1)</b> The Department is required to eliminate the Caretaker Relatives, and 19 and 20 year olds Medicaid eligibility groups from the program. <b>(2)</b> 19 and 20 year olds who previously qualified for Medicaid and who have been in foster care on his or her 18 <sup>th</sup> birthday would still be Medicaid eligible.	New House Section.	Not included.	Not included.	Sec. 1646.	Not included.
184.	<b>Continuation of GME funding.</b> From the funds appropriated for medical services, requires the Department to allocate for GME not less than the level of rates and payments in effect on April 1, 2005.	Sec. 1647.	Not included.	Sec. 1647. No change from current year.	Sec. 1647. No change from current year.	Sec. 1647. No change from current year.
185.	<b>Toll-free phone line for eligibility status.</b> Requires Department to maintain an automated toll-free phone line to enable medical providers to verify the eligibility status of Medicaid recipients.	Sec. 1648.	Sec. 1648. No change from current year.	Sec. 1648. No change from current year.	Sec. 1648. No change from current year.	Sec. 1648. No change from current year.
186.	<b>Breast and cervical cancer treatment program.</b> Requires the Department to continue Medicaid coverage to women screened through the CDC breast and cervical cancer screening program for cervical and breast cancer treatment services.	Sec. 1649.	Sec. 1649. No change from year.	Sec. 1649. No change from year.	Sec. 1649. No change from year.	Sec. 1649. No change from year.

Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
187.	<b>Medicaid managed care plan assignment and medical exceptions.</b> (1) Allows Department to require Medicaid recipients to choose a managed care provider and to assign persons not expressing a preference to a provider. (2) Requires that persons assigned a managed care provider be informed in writing of rights, conditions, and exceptions to participation. (3) Allows for persons with serious medical conditions being treated by a non-participating provider to be excluded from mandatory enrollment at least through the current prescribed course of treatment, subject to periodic review of continued eligibility.	Sec. 1650.	Sec. 1650. No change from current year.	Sec. 1650. No change from current year.	Sec. 1650. No change from current year.	Sec. 1650. No change from current year.
188.	<b>Medicaid managed care plans must cover hospice.</b> (1) Provides Medicaid patients in managed care the choice to elect hospice services for the terminally ill that are offered by the managed care plan. (2) Prohibits Department from making Medicaid hospice services less comprehensive than described in Federal regulation.	Sec. 1651.	Sec. 1651. No change from current year.	Sec. 1651. No change from current year.	Sec. 1651. No change from current year.	Sec. 1651. No change from current year.
189.	<b>Medicaid HMO redetermination list.</b> Requires the Department to provide a list to each Medicaid HMO of each covered recipient who is scheduled for redetermination of program status.	New Senate Section.	Not included.	Sec. 1652.	Not included.	Not included.

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
190.	<b>Requirements pertaining to implementing and contracting for Medicaid managed care.</b> States that the implementation and contracting for Medicaid managed care shall be subject to the following conditions: <b>(a)</b> continuity of care with current primary care provider for up to 1 year if the recipient meets the medical exemption; <b>(b)</b> timely submission of evaluation data; <b>(c)</b> mandatory enrollment of persons living in rural counties is allowed when there is only one Medicaid HMO, so long as the beneficiary has a choice of at least two physicians; <b>(d)</b> voluntary enrollment in the children's special health care plan; <b>(e)</b> the Department develops special reimbursement policies for certain high cost services and providers.	Sec. 1653.	Sec. 1653. No change from current year.	Sec. 1653. No change from current year.	Sec. 1653. No change from current year.	Sec. 1653. No change from current year.
191.	<b>Reimbursement for services outside the managed care plan.</b> States that Medicaid HMOs shall provide for reimbursement of covered services provided outside the plan when immediately required and medically necessary and could not be obtained through the HMO's provider on a timely basis; reimbursement shall not exceed the Medicaid fee-for-service rate.	Sec. 1654.	Sec. 1654. No change from current year.	Sec. 1654. No change from current year.	Sec. 1654. No change from current year.	Sec. 1654. No change from current year.
192.	<b>Medicaid managed care lock-in. (1)</b> Allows Department to require a 12-month lock-in to a HMO. <b>(2)</b> Allows recipients to change health plans within 90 days of enrollment.	Sec. 1655.	Sec. 1655. No change from current year.	Sec. 1655. No change from current year.	Sec. 1655. No change from current year.	Sec. 1655. No change from current year.



Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
193.	<b>Expedited complaint review for Medicaid managed care. (1)</b> Requires Department to provide an expedited complaint review procedure for persons enrolled in HMOs. <b>(2)</b> Requires the provision of a toll-free phone number for enrollee complaints; allows for the immediate disenrollment from managed care and approval of out-of-plan services. <b>(3)</b> Requires annual report to the Legislature and the State Budget Office.	Sec. 1656.	Sec. 1656. No change from current year.	Sec. 1656. No change from current year.	Sec. 1656. No change from current year.	Sec. 1656. No change from current year.
194.	<b>Reimbursement of hospital emergency rooms (ER) by Medicaid HMOs. (1)</b> Prohibits an HMO to make reimbursement for screening and stabilization medical services provided to a Medicaid recipient in an ER contingent on HMO authorization; requires the HMO to be notified within 24 hours of ER discharge. <b>(2)</b> Requires HMO prior authorization before post-ER hospitalization or medical services. <b>(3)</b> States that these requirements are not intended to require alteration of existing contractual arrangements or a requirement that HMO must reimburse non medically necessary services. <b>(4)</b> Directs the Department to receive assurances from the Office of Financial and Insurance Services that an HMO meets the net worth and financial solvency requirements contained in the insurance code prior to contracting with an HMO that did not have a contract with the Department before Oct. 1, 2002.	Sec. 1657.	Sec. 1657. No change from current year.	Sec. 1657. No change from current year.	Sec. 1657. No change from current year.	Sec. 1657. No change from current year.

# Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
195.	<b>Hospital contracts with HMOs. (1)</b> States that HMOs have contracts with hospitals within a reasonable distance from their enrollees. If a hospital does not contract with the HMO in its service area that hospital shall enter into a hospital access agreement as specified by the Department. <b>(2)</b> States that a hospital access agreement specified in subsection (1) is to be considered an affiliated provider contract pursuant to the requirements contained in chapter 35 of the insurance code, MCL 500.3501 to 500.3580.	Sec. 1658.	Sec. 1658. No change from current year.	Sec. 1658. No change from current year.	Sec. 1658. No change from current year.	Sec. 1658. No change from current year.
196.	<b>Boilerplate sections relating to Medicaid managed care.</b> Lists language sections that shall apply to all Medicaid managed care programs.	Sec. 1659.	Sec. 1659. Replaces "article" with "bill". Adds sections 411, 456 and removes sections 1666 and 1700 from list of relevant boilerplate sections.	Sec. 1659. Replaces "article" with "act". Adds sections 411, 456 and removes sections 1666 and 1700 from list of relevant boilerplate sections.	Sec. 1659. Replaces "article" with "act". Adds sections 411, 456, 1711, 1749, 1752 and 1753 and removes section 1700 from list of relevant boilerplate sections.	Sec. 1659. Replaces "article" with "act". Adds sections 411, 456, 1711, 1749, 1752, 1753 and 1766 and removes sections 1666 and 1700 from list of relevant boilerplate sections.

Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
197.	<b>Provisions regarding access to EPSDT services. (1)</b> Requires Department to assure timely access to EPSDT services. Requires Medicaid HMOs to provide EPSDT services in accordance with Medicaid policy. <b>(2)</b> States that the primary responsibility of assuring a child's hearing and vision screening is with the primary care provider. The provider shall provide screening or refer to local health departments (LHDs). LHDs shall provide screening and accept referrals for these tests. LHDs shall be reimbursed for the cost of providing these tests by the Medicaid program. <b>(3)</b> Directs Department to require Medicaid HMOs to provide EPSDT utilization data through the encounter data system and HEDIS program. <b>(4)</b> Directs Department to require HMOs to be responsible for well child visits and maternal/infant support services. <b>(5)</b> Directs Department to provide budget neutral incentives to Medicaid HMOs and LHDs to improve performance measures related to care of children and pregnant women.	Sec. 1660.	Sec. 1660. No change from current year.	Sec. 1660. No change from current year.	Sec. 1660. No change from current year.	Sec. 1660. No change from current year.
198.	<b>Provisions regarding access to MSS/ISS services. (1)</b> Requires Department to assure that all Medicaid eligible children and pregnant women have timely access to MSS/ISS. <b>(2)</b> Prohibits HMOs from requiring prior authorization of EPSDT or MSS/ISS. <b>(3)</b> Requires Department to coordinate MSS/ISS services with other State supported programs that focus on preventing adverse birth outcomes and child abuse and neglect.	Sec. 1661.	Sec. 1661. No change from current year.	Sec. 1661. No change from current year.	Sec. 1661. No change from current year.	Sec. 1661. No change from current year.

Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
199.	<b>External quality review of Medicaid HMOs components and training.</b> (1) Directs Department to require an external quality review contractor to conduct a review of each Medicaid HMO on measures of quality, timeliness, and access to services. (2) Requires Department to provide a copy of this annual external quality review report to the Legislature and the State Budget Director. (3) Directs Department to work with the Michigan Association of Health Plans and the Michigan Association Local Public Health to improve service delivery and coordination for EPSDT and MSS/ISS services. (4) Requires Department to provide training to health plans, local health departments, and MSS/ISS contractors.	Sec. 1662.	Sec. 1662. No change from current year.	Sec. 1662. No change from current year.	Sec. 1662. No change from current year.	Sec. 1662. No change from current year.
200.	<b>Immediate Medicaid enrollment at birth.</b> Department shall implement system changes assuring children born to Medicaid-eligible parents enrolled in managed care will be within 30 days enrolled in the same managed care plan, or any other plan designated by the parent at birth.	Sec. 1666.	Not included.	Sec. 1666. No change from current year.	Sec. 1666. No change from current year.	Sec. 1666. No change from current year.

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
201.	<b>MiChild program. (1)</b> States that the MiChild program appropriation is for the provision of a state-based private health care program to children under age 19 with family income of less than 200% of the Federal poverty level who are uninsured and have not had coverage for at least 6 months prior to application; requires that children in families below 150% of poverty be provided health care coverage through the Medicaid program and families 150-200% FPL to be provided coverage through a state-based private contractor. <b>(2)</b> Requires the Department to provide one year of continuous eligibility in the program. <b>(3)</b> Assures that children whose eligibility changes between MiChild and Medicaid will be able to keep their providers. <b>(4)</b> Children must reside in a household with adjusted gross income of 200% FPL or below to be eligible. <b>(5)</b> Requires Department to contract for MiChild program services with HMOs, dental care corporations, or any health care corporation or insurer operating in accordance with a prudent purchaser agreement who can provide managed health care benefits at the MiChild capitated rate. <b>(6)</b> Allows Department to enter into contracts to obtain certain MiChild services from CMHSPs. <b>(7)</b> Allows program spending for health care services from the MiChild appropriation or any other appropriation associated with the program as described in the state plan.	Sec. 1670.	Sec. 1670. <b>(1)</b> Replaces "article" with bill".	Sec. 1670. <b>(1)</b> Replaces "article" with "act".	Sec. 1670. No change from current year.	Sec. 1670. <b>(1)</b> Replaces "article" with "act".

Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
202.	<b>MIChild marketing and outreach.</b> Requires Department to continue a comprehensive approach to marketing and outreach for the MICHild program that is coordinated with existing outreach, information dissemination, and marketing efforts.	Sec. 1671.	Sec. 1671. No change from current year.	Sec. 1671. No change from current year.	Sec. 1671. No change from current year.	Sec. 1671. No change from current year.
203.	<b>MICHild premiums. (1)</b> Allows Department to establish premiums, for families with income above 150% FPL, of up to \$5.00 per family per month for MICHild program eligibility with a maximum family premium of \$15 per month. <b>(2)</b> Does not permit the Department to charge co-payments in the MICHild program.	Sec. 1673.	Sec. 1673. No change from current year.	Sec. 1673. No change from current year.	Sec. 1673. <b>(1)</b> Replaces "The monthly premiums shall not exceed \$15.00 for a family" with "The monthly premiums shall not be less than \$10.00 or exceed \$15.00 for a family."	Sec. 1673. <b>(1)</b> Replaces "The monthly premiums shall not exceed \$15.00 for a family" with "The monthly premiums shall not be less than \$10.00 or exceed \$15.00 for a family."
204.	<b>MICHild benefits and covered services.</b> States that the MICHild program shall provide all benefits available under the state employee insurance plan delivered through contracted providers and consistent with Federal law. This coverage includes inpatient and outpatient mental health, DME, dental, substance abuse, case management, physical therapy and emergency ambulance services.	Sec. 1677.	Not included.	Not included.	Sec. 1677. No change from current year.	Sec. 1677. No change from current year.

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
205.	<b>Nursing home wage pass through. (1)</b> States that payment increases for enhanced wages and new or enhanced employee benefits provided through the Medicaid nursing home wage pass through program in previous years will be continued in FY 2005-06. <b>(2)</b> Prohibits the Department from implementing any increase or decrease in the wage pass through in FY 2004-05.	Sec. 1680.	Sec. 1680. Updated for FY 2006-07. <b>(1)</b> Replaces "fiscal year 2005-2006" with "fiscal year 2006-2007". <b>(2)</b> Replaces "fiscal year 2004-2005" with "fiscal year 2005-2006".	Sec. 1680. Updated for FY 2006-07. <b>(1)</b> Replaces "fiscal year 2005-2006" with "fiscal year 2006-2007". <b>(2)</b> Replaces "fiscal year 2004-2005" with "fiscal year 2005-2006".	Sec. 1680. Updated for FY 2006-07. <b>(1)</b> Replaces "fiscal year 2005-2006" with "fiscal year 2006-2007". <b>(2)</b> Replaces "fiscal year 2004-2005" with "fiscal year 2005-2006".	Sec. 1680. Updated for FY 2006-07. <b>(1)</b> Replaces "fiscal year 2005-2006" with "fiscal year 2006-2007". <b>(2)</b> Replaces "fiscal year 2004-2005" with "fiscal year 2005-2006".
206.	<b>DCH to encourage use of informal caregivers for non-medical covered waiver services.</b> Directs the Department and local waiver agents to encourage the use of family members, friends, and neighbors of MIChoice participants to provide homemaker, meal preparation, transportation, and other nonmedical covered services to participants in the Medicaid MIChoice program. States that this section does not allow for the payment of these individuals for services unless explicitly provided for in Federal or State law.	Sec. 1681.	Sec. 1681. No change from current year.	Sec. 1681. No change from current year.	Sec. 1681. No change from current year.	Sec. 1681. No change from current year.
207.	<b>Nursing home facility enforcement penalty revenue. (1)</b> Directs Department to implement enforcement actions as specified in Federal nursing facility enforcement provisions. <b>(2)</b> Allows Department to impose civil monetary penalties and spend penalty money received. <b>(3)</b> Requires that unexpended penalty revenue be carried forward into subsequent fiscal year.	Sec. 1682.	Sec. 1682. No change from current year.	Sec. 1682. No change from current year.	Sec. 1682. No change from current year.	Sec. 1682. No change from current year.

# Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
208.	<b>Hospice and pain management services.</b> Directs Department to promote hospice and pain management services for individuals who are chronically or terminally ill.	Sec. 1683.	Sec. 1683. No change from current year.	Sec. 1683. No change from current year.	Sec. 1683. No change from current year.	Sec. 1683. No change from current year.



		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
209.	<b>Home and community-based waiver administrative cost limit. (1)</b> Reduces reimbursement for administrative expenses for individuals served through the Medicaid home and community-based wavier program (MIChoice) by \$2 per person/per day. <b>(2)</b> Specifies that savings from this reduction in administrative reimbursement are to be used to provide direct services for MIChoice enrollees. <b>(3)</b> Requires the Department to report to the Legislature the number of nursing home residents who are discharged and subsequently enroll in the MIChoice program.	Sec. 1684.	Not included.	Sec. 1684. No change from current year.	Sec. 1684. <b>(1)</b> Replaces "...administrative expenses shall be reduced by \$2.00 per person per day." with "...administrative expenses for fiscal year 2006-2007 shall continue at the rate implemented in fiscal year 2005-2006 after the \$2.00 per person per day mandated reduction. <b>(2)</b> Replaces "... realized from the reduced..." with "... realized from continuing the reduced..." <b>(3)</b> Replaces "...The department shall provide a report to..." with "The department shall provide a report by April 1, 2007..."	Sec. 1684. <b>(1)</b> Replaces "...administrative expenses shall be reduced by \$2.00 per person per day." with "...administrative expenses for fiscal year 2006-2007 shall continue at the rate implemented in fiscal year 2005-2006 after the \$2.00 per person per day mandated reduction. <b>(2)</b> Replaces "... realized from the reduced..." with "... realized from continuing the reduced..." <b>(3)</b> Replaces "...The department shall provide a report to..." with "The department shall provide a report by April 1, 2007..."

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
210.	<b>Nursing home payment rates.</b> Requires the setting of nursing homes payment rates 30 days prior to the beginning of the fiscal year. These rates may take into most recent cost report filed with the State properly and on time. Rates can be adjusted retroactively upon completion of an audit of the cost report.	Sec. 1685.	Sec. 1685. No change from current year.	Sec. 1685. No change from current year.	Sec. 1685. No change from current year.	Sec. 1685. No change from current year.
211.	<b>Long term care single point of entry pilot project. (1)</b> Requires the Department to submit a report to the Legislature by April, 2006 on progress of long-term care single point of entry pilot projects. Requires the Department to report to the Legislature 60 days before any expansion to the program. <b>(2)</b> Defines single point of entry.	Sec. 1686.	Sec. 1686. Updated for FY 2006-07. <b>(1)</b> Replaces "April 30, 2006" with "April 30, 2007".	Sec. 1686. Updated for FY 2006-07. <b>(1)</b> Replaces "April 30, 2006" with "April 30, 2007".	Sec. 1686. Updated for FY 2006-07. <b>(1)</b> Replaces "April 30, 2006" with "April 30, 2007". Replaces "3 Medicaid long term care..." with "4 Medicaid long term care...". Adds <b>(3)</b> It is the intent of the legislature that funding for single point of entry for long term care end on September 30, 2008."	Sec. 1686. Updated for FY 2006-07. <b>(1)</b> Replaces "April 30, 2006" with "April 30, 2007". Replaces "3 Medicaid long term care..." with "4 Medicaid long term care...". Adds <b>(3)</b> It is the intent of the legislature that funding for single point of entry for long term care end on September 30, 2008."

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
212.	<b>Assessment of facilities capable of providing Alzheimer's disease and dementia care. (1)</b> Requires the Department to contract with a stand alone psychiatric facility that provides at least 20% of its total care to Medicaid recipients to provide access to Medicaid recipients who require specialized Alzheimer's or dementia care. <b>(2)</b> Requires the Department to report to the Legislature on the effectiveness of this contract in improving the quality of services to Medicaid clients.	Sec. 1687.	Not included.	Sec. 1687. No change from current year.	Sec. 1687. No change from current year.	Sec. 1687. No change from current year.
213.	<b>Per unit reimbursement for personal care services.</b> Prohibits Department from imposing a limit on per unit reimbursements to service providers for the provision of personal care services under the Medicaid home and community-based waiver. States that the Department's per day per client reimbursement cap calculated in the aggregate for all services provided under the Medicaid home and community-based waiver is not a violation of this section.	Sec. 1688.	Sec. 1688. No change from current year.	Sec. 1688. No change from current year.	Sec. 1688. No change from current year.	Sec. 1688. No change from current year.

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
214.	<b>Home and community based waiver program.</b> (1) Priority in enrolling additional persons in the Medicaid home and community-based services program shall be given to those who are currently residing in nursing homes or who are eligible to be admitted to a nursing home if they are not provided such services. Requires Department to implement screening and assessment procedures to assure that no additional Medicaid eligible persons are admitted to nursing homes who would be more appropriately served in the community. If there is a net decrease in the number of Medicaid nursing home days of care during the most recent quarter in comparison with the previous quarter and a net cost savings attributable to moving individuals from a nursing home to the waiver program, the Department shall transfer the net cost savings to the waiver program on a quarterly basis. (2) Within 30 days of the end of each fiscal quarter, the Department shall provide a report to the Legislature. Report to include information regarding the net cost savings from moving individuals from a nursing home to the waiver program and the amount of funds transferred.	Sec. 1689.	Sec. 1689. (1) Removes "...if there is a net decrease in the number of Medicaid nursing home days of care during the most recent quarter in comparison with the previous quarter and a net cost savings attributable to moving individuals from a nursing home to the home and community based waiver program, the department shall transfer the net cost savings to the home and community based services program. If a transfer is required it shall be done on a quarterly basis." Removes subsection (2).	Sec. 1689. No change from current year.	Sec. 1689. No change from current year.	Sec. 1689. No change from current year.

Boilerplate Summary

				<b>FY 2006-2007</b>			
				<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
		FY 2005-06 PA 154					
215.	<b>Medicaid estate preservation program.</b> Permits the department to work with the Federal government exploring strategies that may be used to establish an estate preservation program similar to one recommended in the Governor's Medicaid Long-Term Care Task Force.	Sec. 1690.	Not included.	Not included.	Sec. 1690. "Replaces "The department may work with the federal government to establish..." with "The department shall establish..."	Sec. 1690. Strikes all current year language, replaces with "The department shall establish and implement a long-term care partnership program to provide for the financing of long-term care through a combination of private insurance and Medicaid as specified in state law."	Not included.
216.	<b>Long term care partnership program.</b> Language requires the department to establish a long-term care partnership program.	New House Section.	Not included.	Not included.	Not included.	Sec. 1690.	Not included.

# Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
217.	<b>Medicaid Home Help Wage Increase.</b> Language allocates \$20 million Gross for implementing a new minimum wage of \$6.60 per hour for Adult Home Help personal care workers.  <i>Senate Version</i> (1) Language allocates \$20 million Gross for implementing a new minimum wage of \$6.10 for Adult Home Help personal care workers. All home help workers are guaranteed an increase of .55 cents an hour. (2) States that the wage increases take effect on October 1, 2006  <i>House Version</i> (1) Department is required to not raise adult home help wages for employees who are providing services to their relatives beyond their wage from fiscal year 2005-2006. (2) The wage change in (1) takes effect October 1, 2006.  <i>Conference Version</i> Language allocates \$31.5 million Gross for implementing wage increase for Adult Home Help personal care workers. The increase includes the following conditions (a) all workers receive at least \$7 per hour (b) all workers currently making \$7 an hour or more will receive a .50 cent per hour increase (c) Department, with the Department of Human Services, will make necessary adjustments in policies, rules, procedures and regulation to implement the increases in this section.	New Executive Section.	Sec. 1690.	Sec. 1691.	Sec. 1691.	Sec. 1691.

Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
218.	<b>Medicaid school-based services. (1)</b> Authorizes Department to pursue Medicaid reimbursement for eligible services provided in schools. The Department may enter into agreements with the Department of Education and school districts sharing Federal reimbursement for these services. <b>(2)</b> Authorizes Department to finance activities within the Medical Services Administration related to this project, reimburse participating school districts, and offset general fund costs associated with the Medicaid program.	Sec. 1692.	Sec. 1692. No change from current year.	Sec. 1692. No change from current year.	Sec. 1692. No change from current year.	Sec. 1692. No change from current year.
219.	<b>Special adjustor payments.</b> Allows the special adjustor appropriation to be increased if the Department submits a medical services state plan amendment at a level higher than the appropriation. Allows Department to adjust sources of financing in accordance with increased appropriation.	Sec. 1693.	Sec. 1693. Replaces "The special adjuster payments.." with "The special Medicaid reimbursement appropriation..."	Sec. 1693. Replaces "The special adjuster payments.." with "The special Medicaid reimbursement appropriation..."	Sec. 1693. Replaces "The special adjuster payments.." with "The special Medicaid reimbursement appropriation..."	Sec. 1693. Replaces "The special adjuster payments.." with "The special Medicaid reimbursement appropriation..."
220.	<b>Children's hospitals with high indigent care volume.</b> Directs Department to distribute \$695,000 to children's hospitals with high indigent care volume in amounts based on a formula determined by the Department.	Sec. 1694	Sec. 1694. No change from current year.	Sec. 1694. No change from current year.	Sec. 1694. No change from current year.	Sec. 1694. No change from current year.
221.	<b>County Indigent Care / Third Share Increase.</b> Permits the Department to increase the Part 1 appropriation for county indigent care / third share plans if they submit a state plan amendment to the Federal government at a level higher than the current appropriation. The Department would be permitted to adjust the fund sources on this increase as well.	New Executive Section.	Sec. 1695.	Not included.	Not included.	Not included.

Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
222.	<b>School district funding as state match. (1)</b> Allows Department to use funds provided by a local or intermediate school district, which have been obtained from a qualifying health system, as the state match required for receiving Federal Medicaid or State Children Health Insurance program funds. Funds received shall only support new school-based or school-linked health services. <b>(2)</b> Defines “qualifying health system”.	Sec. 1697.	Sec. 1697. No change from current year.	Sec. 1697. No change from current year.	Sec. 1697. No change from current year.	Sec. 1697. No change from current year.
223.	<b>Disproportionate Share Hospital (DSH) and Graduate Medical Education (GME) payments.</b> Allows Department to make separate DSH and GME payments directly to qualifying hospitals. If a hospital receives DSH or GME payments from the Department it cannot include these costs in their HMO contracts.	Sec. 1699.	Sec. 1699. No change from current year.	Sec. 1699. No change from current year.	Sec. 1699. No change from current year.	Sec. 1699. No change from current year.
224.	<b>Health plan payment rates to meet actuarial sound requirements. (1)</b> Requires the department to work with the Michigan Association of Health Plans to develop a plan to assure that actuarial sound rates for health plan services are paid in FY 2005-06. The plan will include the following strategies, in addition to other initiatives: <b>(a)</b> establishing centers for transplant excellence, <b>(b)</b> establishing statewide contracts for DME, <b>(c)</b> decreasing administrative costs and, <b>(d)</b> shifting end-stage renal patients to Medicare. <b>(2)</b> This plan is to be submitted to the House and Senate by May 30, 2006.	Sec. 1700.	Not included.	Not included.	Not included.	Not included.



			FY 2006-2007			
			Executive	Senate	House	Conference
		FY 2005-06 PA 154				
225.	<b>Online Medicaid enrollment resource.</b> Requires the Department to make an online resource available to Medicaid providers, at no charge, that provides recipient enrollment and benefits information.	New Senate Section.	Not included.	Sec. 1701.	Not included.	Sec. 1701.
226.	<b>Notification of Legislature regarding changes to the home and community based waiver screening process.</b> States that any proposed changes by the Department to the MIChoice home and community-based services waiver program screening process shall be provided to the Legislature prior to implementation of the proposed changes.	Sec. 1710.	Not included.	Sec. 1710. No change from current year.	Sec. 1710. No change from current year.	Sec. 1710. No change from current year.
227.	<b>Two-tier reimbursement methodology for Medicaid emergency physicians.</b> (1) Requires Department to maintain the 2-tier reimbursement methodology for Medicaid emergency physicians professional services that was in effect on September 30, 2002, subject to the listed conditions: (a) payments by case and in aggregate do not exceed 70% of Medicare rates and, (b) total expenditures do not exceed expenditures in FY 2001-02, adjusted for changes in cost sharing and utilization. (2) To ensure that total expenditures stay within the spending constraints, the Department shall develop a utilization adjustor for the basic 2-tier payment methodology. (3) Department is required to establish an emergency room observation rate for Medicaid eligibles with a length of stay of less than 24 hours.	Sec. 1711.	Sec. 1711. Updated for FY 2006-07. (2) Replaces "2005-2006" with "2006-2007". (3) Removed.	Sec. 1711. Updated for FY 2006-07. (2) Replaces "fiscal year 2005-2006" with "fiscal year 2006-2007". (3) Removed.	Sec. 1711. Updated for FY 2006-07. (2) Replaces "fiscal year 2005-2006" with "fiscal year 2006-2007". (3) Replaces "By April 1, 2006, the department shall establish an emergency room..." with "The department shall encourage each Medicaid HMO to create a criteria-based emergency..."	Sec. 1711. Updated for FY 2006-07. (2) Replaces "fiscal year 2005-2006" with "fiscal year 2006-2007". (3) Replaces "By April 1, 2006, the department shall establish an emergency room..." with "The department shall encourage each Medicaid HMO to create a criteria-based emergency..."

Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
228.	<b>Contingency language regarding Rural Health Initiative. (1)</b> Requires the Department to implement a rural health initiative if funds are available. Funds shall first be allocated as an outpatient adjustor payment to be paid directly to hospitals in rural counties in proportion to each hospital's Medicaid and indigent patient population. Additional available funds would be allocated for defibrillator grants, EMT training and support. <b>(2)</b> Defines "Rural" community.	Sec. 1712.	Not included.	Sec. 1712. No change from current year.	Sec. 1712. No change from current year.	Sec. 1712. No change from current year.
229.	<b>Study of dentist participation level in the Medicaid program. (1)</b> Requires the Department, with the Michigan Dental Association, to study the level of participation by Michigan licensed dentists in the Medicaid program. The study shall identify the distribution of dentists throughout the state, the volume of Medicaid recipients served by each participating dentist, and areas in the state underserved for dental services. <b>(2)</b> The study would include an assessment of what factors may be related to the apparent low participation by dentists in the Medicaid program and provide recommendations on how to best reduce or eliminate these barriers. <b>(3)</b> The study would be provided to the Legislature no later than April 1, 2006.	Sec. 1713.	Not included.	Sec. 1713. Updated for FY 2006-07. <b>(3)</b> Replaces "April 1, 2006" with "April 1, 2007".	Not included.	Sec. 1713. Updated for FY 2006-07. <b>(3)</b> Replaces "April 1, 2006" with "April 1, 2007".
230.	<b>Adult benefit waiver (ABW) enrollment consistency.</b> Requires the Department to seek to maintain constant enrollment levels in the ABW program.	Sec. 1716.	Not included.	Not included.	Sec. 1716. No change from current year.	Sec. 1716. No change from current year.

Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
231.	<b>Disproportionate Share Hospital (DSH) payments. (1)</b> Requires the Department to create 2 pools for distribution of DSH funding. The first pool, totaling \$45 million, shall be distributed by providing each eligible hospital 100% of the DSH payments that they received in FY 2003-04. The second pool, totaling \$5 million, shall be distributed to unaffiliated hospitals and hospital systems that received less than \$900,000 in DSH payments in FY 2003-04 based on a formula weighted based upon each eligible system’s Medicaid revenue and utilization. <b>(2)</b> By November 1, 2005, the Department shall report to the Legislature on the new distribution of funding to each eligible hospital from the two pools.	Sec. 1717.	Not included.	Sec. 1717. Updated for FY 2006-07. <b>(2)</b> replaces "November 1, 2005" with "September 30, 2007".	Sec. 1717. Updated for FY 2006-07. <b>(2)</b> replaces "November 1, 2005" with "September 30, 2007".	Sec. 1717. Updated for FY 2006-07. <b>(2)</b> replaces "November 1, 2005" with "September 30, 2007".
232.	<b>Medicaid Adult Home Help program dispute resolution.</b> Requires the Department to provide each Medicaid adult home help beneficiary or applicant with the right to a fair hearing when the department or its agent reduces, suspends, terminates or denies program services. The Department is required to provide to the beneficiary or applicant a written notice that states what action the State proposes to take, the reasons for the intended action, the specific regulation that support the action, and an explanation of the beneficiary’s or applicant’s right to an evidentiary hearing and the circumstance under which those services will be continued if a hearing is requested.	Sec. 1718.	Sec. 1718. No change from current year.	Sec. 1718. No change from current year.	Sec. 1718. No change from current year.	Sec. 1718. No change from current year.
233.	<b>Medicare Recovery Program.</b> Requires the Department to continue its Medicare recovery program.	Sec. 1720.	Sec. 1720. No change from current year.	Sec. 1720. No change from current year.	Sec. 1720. No change from current year.	Sec. 1720. No change from current year.

Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
234.	<b>Funds prepaid to nursing home.</b> Requires Department to conduct a review of Medicaid eligibility pertaining to funds prepaid to a nursing home or other health care facility that are subsequently returned to an individual who becomes Medicaid eligible. Requires Department to report its findings to the Legislature not later than May 15, 2006. Report will include a recommendation on whether these funds should be classified as a countable asset and a recommendation for how the Department shall monitor these funds.	Sec. 1721.	Not included.	Sec. 1721. Updated for FY 2006-07. Replaces "May 15, 2006" with "May 15, 2007".	Sec. 1721. Updated for FY 2006-07. Replaces "May 15, 2006" with "May 15, 2007".	Sec. 1721. Updated for FY 2006-07. Replaces "May 15, 2006" with "May 15, 2007".

			FY 2006-2007				
			FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
235.	<b>Hutzel Hospital DSH payment.</b> (1) Authorizes Department to make a DSH payment to Hutzel Hospital through funds previously allocated through the higher education act and through a payment to the Michigan State University Institute for Health Care Studies. (2) This funding is only authorized if necessary State Medicaid matching funds are provided by, or on behalf of the hospital.	Sec. 1722.	Sec. 1722. No change from current year.	Sec. 1722. No change from current year.	Sec. 1722. (1) Replaces "..for special adjustor and special DSH payments..." with "...for special Medicaid reimbursement payments...". Strikes "...,\$17,903,200.00 for health services previously funded through the higher education appropriation act, and \$2,310,000.00 for the Michigan State University institute for health care studies."	Sec. 1722. (1) Replaces "..for special adjustor and special DSH payments..." with "...for special Medicaid reimbursement payments...". Strikes "...,\$17,903,200.00 for health services previously funded through the higher education appropriation act, and \$2,310,000.00 for the Michigan State University institute for health care studies."	
236.	<b>Injectable drugs.</b> Requires Department to allow licensed pharmacies to purchase injectable drugs, for the treatment of respiratory syncytial virus for shipment to physicians' offices to be administered to specific patients. If the affected patients are Medicaid eligible, requires Department to reimburse pharmacies for the dispensing of the injectable drugs and reimburse physicians for the administration of the injectable drugs.	Sec. 1724.	Sec. 1724. No change from current year.	Sec. 1724. No change from current year.	Sec. 1724. No change from current year.	Sec. 1724. No change from current year.	

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
237.	<b>Medicaid eligibility errors.</b> Department required to work with the Department of Human Services to implement a plan reduce Medicaid eligibility errors related to basic eligibility and income requirements. The Department is required to submit this plan to the House and Senate and the State Budget Director by March, 15, 2006	Sec. 1725.	Sec. 1725. Replaces "The department shall work with the department of human services to implement a plan to ..." with "The Department shall continue to work with the department of human services to ..." Removes "The department shall submit the plan to the house and senate appropriations committees on community health, the house and senate fiscal agencies and the state budget director by March 15, 2006."	Sec. 1725. Replaces "The department shall work with the department of human services to implement a plan to ..." with "The Department shall continue to work with the department of human services to ..." Removes "The department shall submit the plan to the house and senate appropriations committees on community health, the house and senate fiscal agencies and the state budget director by March 15, 2006."	Sec. 1725. Replaces "The department shall work with the department of human services to implement a plan to ..." with "The Department shall continue to work with the department of human services to ..." Removes "The department shall submit the plan to the house and senate appropriations committees on community health, the house and senate fiscal agencies and the state budget director by March 15, 2006."	Sec. 1725. Replaces "The department shall work with the department of human services to implement a plan to ..." with "The Department shall continue to work with the department of human services to ..." Removes "The department shall submit the plan to the house and senate appropriations committees on community health, the house and senate fiscal agencies and the state budget director by March 15, 2006."

Boilerplate Summary

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
238.	<b>Kidney function reporting.</b> Requires a laboratory performing a creatinine test on a Medicaid recipient to report the glomerular filtration rate of the patient. This result is to be reported as a percent of the kidney function remaining.	Sec. 1726.	Not included.	Sec. 1726. No change from current year.	Sec. 1726. No change from current year.	Sec. 1726. No change from current year.
239.	<b>Freestanding movement devises.</b> Requires the Department shall make available to Medicaid recipients freestanding lifting devises designed for personal mobility in a recipients home.	Sec. 1728.	Not included.	Sec. 1728. No change from current year.	Sec. 1728. No change from current year.	Sec. 1728. No change from current year.
240.	<b>Medicaid cost savings joint committee.</b> Legislature will establish a joint committee of members of the House and Senate and representatives from the Department to identify cost savings to the Medicaid program through fraud detection, estate recovery and the use of information technology. The committee is attempt to identify \$40 million in general fund savings.	Sec. 1729.	Not included.	Not included.	Not included.	Not included.
241.	<b>Provider rate restoration contingent upon federal waiver approval.</b> States that the partial restoration of provider Medicaid reimbursement rates is contingent upon the State receiving Federal approval to implement a hospital case rate reimbursement system for Medicaid enrolled caretaker relatives.	Sec. 1730.	Not included.	Not included.	Not included.	Not included.

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
242.	<b>Asset test for caretaker relatives and 19 and 20 year old Medicaid eligibility groups. (1)</b> Requires the Department to implement an asset test to determine the eligibility of those seeking to enroll or re-enroll in the Medicaid program under the caretaker relative or 19 and 20 year old eligibility groups. <b>(2)</b> Denies eligibility to individuals enrolled in the 19 and 20 year old Medicaid eligibility groups if they have a parent or guardian with access to dependent health insurance coverage.	Sec. 1731.	Sec. 1731. No change from current year.	Sec. 1731. No change from current year.	Not included.	Sec. 1731. Replaces "...the department shall establish" with "... the department shall continue"
243.	<b>Nursing home QAAP.</b> Requires the Department to assure that if modifications to the nursing home QAAP are not implemented or do not generate expected savings that the difference will not be obtained through reductions in nursing home reimbursement.	Sec. 1732.	Not included.	Sec. 1732. No change from current year.	Sec. 1732. No change from current year.	Sec. 1732. No change from current year.
244.	<b>Health information technology (HIT) funding.</b> New boilerplate would require the Department to seek funding for HIT efforts.	New Senate Section.	Not included.	Sec. 1733.	Not included.	Sec. 1733.
<i>Senate Language</i> Requires the Department to seek a Federal waiver to permit the State to provide financial support for e-prescribing and other HIT initiatives using Medicaid funds.						
<i>Conference Language</i> Requires the Department to seek additional Federal funds to permit the State to provide financial support for e-prescribing and other HIT initiatives.						



## Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
245.	<b>Health behavior incentive funding.</b> Boilerplate would required the Department to seek funding from the Federal government that would permit the State to use Medicaid funds to provide financial payments to individuals who practiced positive personal behavior.	New Senate Section.	Not included.	Sec. 1734.	Not included.	Sec. 1734.
<i>Senate Language</i> Language requires the Department to seek a waiver from the Federal government to permit the State to use Medicaid funds to provide financial incentives in individual accounts to Medicaid recipients who practice specified positive health behaviors.						
<i>Conference Language</i> Requires the Department to seek Federal funds that would permit the State to use Medicaid funds to provide financial incentives in individual accounts to Medicaid recipients who practice specified positive health behaviors.						

## Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
246.	<p><b>Preferred provider program for Medicaid durable medical equipment (DME).</b> Language would require the Department to establish a preferred provider program for the purchase of durable medical equipment in the Medicaid program.</p> <p><i>Senate Language</i> <b>(1)</b> Requires the Department to establish a committee charged with finding Medicaid savings associated with a preferred provider program for DME. <b>(2)</b> The committee will include representatives from each of the contracted Medicaid HMOs, MSA and provider organizations. <b>(3)</b> Establishes a reporting requirement to the legislature by April 1, 2007.</p> <p><i>House Language</i> <b>(1)</b> Requires the Department to establish a committee charged with finding Medicaid savings associated with a preferred provider program for DME, prosthetics or orthotics. <b>(2)</b> States that participating providers be able to offer a statewide network of services and possess proper accreditation. <b>(3)</b> The committee will include representatives from each of the contracted Medicaid HMOs, MSA and provider organizations. <b>(4)</b> Establishes a reporting requirement of possible possibilities and projected savings to the legislature by April 1, 2007.</p> <p><i>Conference Language</i> <b>(1)</b> Requires the Department to establish a committee charged with finding Medicaid savings associated with a preferred provider program, or alternative program for DME, prosthetics or orthotics. <b>(2)</b> States that participating providers be able to offer a statewide network of services and possess proper accreditation. <b>(3)</b> The committee will include representatives from each of the contracted Medicaid HMOs, MSA and provider organizations. <b>(4)</b> Establishes a reporting requirement of possible possibilities and projected savings to the legislature by April 1, 2007.</p>	New Senate and House Section.	Not included.	Sec. 1735.	Sec. 1735.	Sec. 1735.

# Boilerplate Summary

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
247.	<b>Medicaid HMO compliance requirements.</b> <b>(1)</b> Requires the Department to set compliance targets and collect data from Medicaid HMOs related to <b>(a)</b> proportion of recipients who fill prescriptions <b>(b)</b> proportion of recipients who make scheduled appointments <b>(c)</b> proportion of recipients who use their medication <b>(2)</b> Department is required to establish payment incentives for Medicaid HMOs that reach their targets.	New Senate Section.	Not included.	Sec. 1736.	Not included.	Not included.
248.	<b>Medicaid cost sharing.</b> Requires the Department to increase Medicaid savings from cost sharing.	New Senate and House Section.		Sec. 1737.	Sec. 1737	Not included.
<i>Senate Version</i> <b>(1)</b> Requires the Department to adjust current copayments and premiums imposed upon program recipients pursuant to changes in Federal law to increase program savings by \$5 million GF/GP. <b>(2)</b> Residents in adult foster care facilities are to be exempt from this cost sharing adjustment.						
<i>House Version</i> <b>1)</b> Requires the Department to adjust current copayments and premiums imposed upon program recipients pursuant to changes in Federal law to increase program savings by \$2,442,700 GF/GP. <b>(2)</b> Residents in adult foster care facilities are to be exempt from this cost sharing adjustment.						

Boilerplate Summary

			FY 2006-2007			
FY 2005-06 PA 154			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
249.	<b>Medicaid Disproportionate Share Hospital (DSH) cap increase. (1)</b> Requires the Department to explore strategies to increase the Federal DSH cap. <b>(2)</b> Requests the department to consider increased support for county health plans and trauma centers if the cap is increased.	New Senate Section.	Not included.	Sec. 1738.	Sec. 1738.	Sec. 1738.
250.	<b>Medicaid HMO outcome targets.</b> Language requires the Department to establish medical outcome targets.	New Senate Section.	Not included.	Sec. 1739.	Not included.	Sec. 1739.
<i>Senate Language</i>						
Language requires the Department to establish medical outcome targets for the ten most expensive diagnoses to the Medicaid program. The Department will provide financial incentives for HMOs that reach these outcome targets.						
<i>Conference Language</i>						
Language requires the Department to establish medical outcome targets for the ten most preventable and costly diagnoses to the Medicaid program. The Department will provide financial incentives for HMOs that reach these outcome targets.						

Boilerplate Summary

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
251.	<b>Graduate medical education (GME) flow through.</b> Requires the Department to assure that GME funds are promptly distributed through Medicaid HMOs. This methodology for GME payments will be developed by a committee with representatives from the Michigan Hospital Association and the Michigan Association of Health Plans. If the committee cannot create a distribution methodology GME funds will be transferred from the health plan services line back to the hospital services line.	New Senate Section.	Not included.	Sec. 1740.	Not included.	Sec. 1740.
252.	<b>Nursing home interim payments.</b> States that the Department will continue to make interim Medicaid payments available to requesting nursing homes. Requires the Department to ensure that these payments are as close to expected cost-settled payments as possible.	New Senate Section.	Not included.	Sec. 1741.	Sec. 1741.	Sec. 1741.
253.	<b>Hurley Medical Center special financing change.</b> Language would permit Hurley Medical Center in Flint, MI to retain a higher amount of special financing revenue.	New Senate Section.	Not included.	Sec. 1742.	Sec. 1742.	Sec. 1742. Senate language.
<i>Senate Language</i> Language requires the Department to allow additional retention of \$1 million for Hurley Medical Center through the intergovernmental transfer process.						
<i>House Language</i> Language requires the Department to allow additional retention of \$100 for Hurley Medical Center through the intergovernmental transfer process.						

Boilerplate Summary

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
254.	<b>Nursing home facilities.</b> Department is required to identify budget-neutral strategies to increase the asset value of nursing homes to a level that reflects current costs and creates incentives for facility owners to refurbish or replace older facilities.	New Senate Section.	Not included.	Sec. 1743.	Not included.	Not included.
255.	<b>Nursing home lifting and transferring devices.</b> The Department is required to establish, as a condition for participating in the Medicaid program, that each nursing home to have an appropriate number of freestanding electronic, lifting and transferring devices.	New House Section.	Not included.	Not included.	Sec. 1744.	Not included.
256.	<b>Personal care supplement adjustment.</b> The Department will be required to increase Medicaid personal care supplement paid to adult foster care facilities and homes for the aged by \$10 each month by October 1, 2006.	New House Section.	Not included.	Not included.	Sec. 1746.	Sec. 1746.

Boilerplate Summary

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
257.	<b>Condition for reimbursement for adult home help services.</b> Boilerplate establishes requirements to be followed before receipt of reimbursement for adult home help services.  <i>House Language</i> A condition for receipt of reimbursement for adult home help services will be that matching of providers with recipients will be coordinated by the Department of Human Services and not an outside entity.  <i>Conference Language</i> A condition for receipt of reimbursement for adult home help services will be that matching of providers with recipients will be coordinated by the Department of Human Services.	New House Section.	Not included.	Not included.	Sec. 1747.	Sec. 1747.
258.	<b>Long-term care medication management pilot.</b> Requires the Department to establish, with consultation from representatives of pharmacists and nursing homes, a Medicaid long-term care medication management pilot project for patients in nursing homes.	New House Section.	Not included.	Not included.	Sec. 1748.	Not included.
259.	<b>Medicaid HMO billing.</b> The Department is required ensure that Medicaid HMOs use standard billing formats for medical providers by September 30, 2007.	New House Section.	Not included.	Not included.	Sec. 1749.	Sec. 1749.

Boilerplate Summary

			FY 2006-2007			
			Executive	Senate	House	Conference
		FY 2005-06 PA 154				
260.	<b>Medicaid DRG rate report.</b> The Department is required to provide the Legislature, the House and Senate fiscal agencies a report on establishing Medicaid diagnosis related group rates based upon fee-for-service and health plan costs. This report would be due by April 1, 2007.	New House Section.	Not included.	Not included.	Sec. 1751.	Sec. 1751.
261.	<b>Third party liability for Medicaid HMOs.</b> Department will be required to provide Medicaid health plans with information on any third parties who may be liable in whole or in part for payment for health services.	New House Section.	Not included.	Not included.	Sec. 1752.	Sec. 1752.
262.	<b>Auto insurer information.</b> Department is required to take steps to obtain data from auto insurers on payments made on health care claims. If insurers do not release this information the Department will propose legislation to force insurers to provide this information upon request. The Department shall provide information from auto insurers to Medicaid health plans.	New House Section.	Not included.	Not included.	Sec. 1753.	Sec. 1753.
263.	<b>Medicaid providers with electronic health care information systems.</b> States legislative intent that the Department shall require all enrolled providers to establish and maintain a electronic health care information system as a condition for program participation within six years.	New House Section.	Not included.	Not included.	Sec. 1755.	Not included.



## Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
264.	<b>Medicaid case management system.</b> Language requires the Department to establish a case management system for high-cost Medicaid recipients.	New House Section.	Not included.	Not included.	Sec. 1756.	Sec. 1756.
<i>House Language</i> Requires the Department by March 1, 2007 to establish a case management program for high cost recipients with mental health diagnosis, high prescription drug costs, chronic disease and neonates. This system will provide performance payment incentives for physicians to manage their patients care and will involve Medicaid HMOs.						
<i>Conference Language</i> Requires the Department by March 1, 2007 to establish a case management program for high cost fee-for-service recipients who have previously not complied with medical management. The program will target those with mental health diagnosis, high prescription drug costs, chronic disease and neonates. This system will provide performance payment incentives for physicians to manage their patients care and will involve Medicaid HMOs. Medicaid HMO contracts may include data collection related to patient compliance with medical orders including measures of patient compliance with medication regimens and attendance at scheduled medical appointments.						

## Boilerplate Summary

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
265.	<b>Medicaid eligibility process and proof of citizenship.</b> Boilerplate requires the Department to assure that individuals seeking Medicaid coverage are legally residing in the United States.	New House Section.	Not included.	Not included.	Sec. 1757.	Sec. 1757.
<i>House Language</i> Requires the Department to direct the Department of Human Services to obtain proof from Medicaid recipients that they are legally residing in the United States prior to providing program benefits. Requires the Department to notify law enforcement of any instances where an individual not legally residing in the United States has obtained or applied for Medicaid benefits.						
<i>Conference Language</i> Requires the Department to direct the Department of Human Services to obtain proof from Medicaid recipients that they are legally residing in the United States prior to providing program benefits.						

## Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
266.	<b>Illegal immigration report.</b> The Department is required to submit a report to the legislature on the number of immigrants who access Medicaid services and associated cost.	New House Section.	Not included.	Not included.	Sec. 1758.	Sec. 1758.
<i>House Language</i> Department is required to submit a report to the Legislature on the number of illegal immigrants who qualify for Medicaid and the cost of providing service to this population. This report shall be submitted by April 1, 2007.						
<i>Conference Language</i> Department is required to submit a report to the Legislature on the number of individuals who qualify for the Medicaid Emergency Services Only program and the cost of providing service to this population. This report shall be submitted by April 1, 2007.						

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
267.	<b>Federal Deficit Reduction Act changes.</b> Requires the Department to make the following long-term care policy changes now permitted under the recently passed Federal Deficit Reduction Act including <b>(a)</b> shifting the look back period for asset transfers from 3 to 5 years <b>(b)</b> changing the penalty period for inappropriate asset transfers to being the day the individual applies for Medicaid <b>(c)</b> exempting from Medicaid coverage individuals with more than \$500,000 in home equity.  <i>House Language</i> Requires the Department to implement Medicaid policy long-term care policy changes included in the 2005 Federal Deficit Reduction Act including: <b>(a)</b> Lengthening the look back policy for asset transfers from 3 to 5 years. <b>(b)</b> Changing the penalty period to begin the day an individual applies for Medicaid. <b>(c)</b> Exempting individuals with more than \$500,000 in home equity from program eligibility.  <i>Conference Language</i> Requires the Department to implement Medicaid policy long-term care policy changes included in the 2005 Federal Deficit Reduction Act including: <b>(a)</b> Lengthening the look back policy for asset transfers from 3 to 5 years. <b>(b)</b> Changing the penalty period to begin the day an individual applies for Medicaid. <b>(c)</b> Exempting individuals with more than \$500,000 in home equity from program eligibility. <b>(d)</b> collect enhanced reimbursement for collections made through the state false claims act.	New House Section.	Not included.	Not included.	Sec. 1759.	Sec. 1759.

Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
268.	<p><b>Health information technology (HIT) funding.</b> Requires the Department to seek out Federal and private funding sources for health information technology initiatives.</p> <p><i>House Language</i> Requires the Department to seek out Federal and private funding sources for HIT initiatives.</p> <p><i>Conference Language</i> (1) Requires the Department to seek out Federal and private funding sources for HIT initiatives. (2) Requires the Department to apply for Medicaid transformation grant funding for HIT efforts made available in the 2005 Federal Deficit Reduction Act.</p>	New House Section.	Not included.	Not included.	Sec. 1760.	Sec. 1760.

## Boilerplate Summary

		FY 2005-06 PA 154	FY 2006-2007			
			<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
269.	<p><b>Hospital provider tax allocation.</b> Language specifies how excess hospital provider tax revenue is to be utilized.</p> <p><i>House Language</i> <b>(1)</b> Requires the Department and Medicaid HMOs to distribute the remainder of the payments funded by the increase in the Hospital QAAP to hospitals using a lump sum methodology. <b>(2)</b> The Department is required to distribute recovered Hospital QAAP funds from hospitals exceeding the Medicaid Upper Payment Limit (UPL) to hospital that meet the following criteria: <b>(a)</b> hospitals located in a rural county as determined by the 2000 Federal census<b>(b)</b> hospitals designated as a Medicare sole community hospital <b>(c)</b> Medicare dependent hospitals and rural referral center hospital <b>(3)</b> Distribution of these funds will be based upon Medicaid fee-for-service and HMO payments and developed with input from the Michigan Health and Hospital Association.</p> <p><i>Conference Language</i> <b>(1)</b> Requires the Department and Medicaid HMOs to distribute the remainder of the payments funded by the increase in the Hospital QAAP to hospitals using a lump sum methodology. <b>(2)</b> The Department is required to distribute recovered Hospital QAAP funds from hospitals exceeding the Medicaid Upper Payment Limit (UPL) to hospital that meet the following criteria: <b>(a)</b> hospitals located in a rural county as determined in the 2000 Federal census or located in a community with a population of less than 12,000 in a county with a population less than 110,000 <b>(b)</b> hospitals designated as a Medicare sole community hospital <b>(c)</b> Medicare dependent hospitals and rural referral center hospital <b>(3)</b> Distribution of these funds will be based upon Medicaid fee-for-service and HMO payments and developed with input from the Michigan Health and Hospital Association.</p>	New House Section.	Not included.	Not included.	Sec. 1761.	Sec. 1761.
270.	<p><b>Internet workflow management.</b> Requires the Department to establish an internet-based workflow management tool to streamline administrative functions related to communication with providers, reimbursement tasks and claims processing.</p>	New House Section.	Not included.	Not included.	Sec. 1762.	Sec. 1762.

Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
271.	<b>Health information pilot project.</b> Requires the Department to utilize a portion of funds allocated for HIT initiatives for a pilot project in Southeast Michigan.  <i>House Language</i> Requires the Department to use funds allocated for HIT projects for a pilot project in Southeast Michigan related to the electronic exchange of health information.  <i>Conference Language</i> Requires the Department to use funds allocated for HIT projects for a pilot project in Southeast Michigan related to the electronic exchange of health information. These funds will be made available to private entities through a competitive bid process.	New House Section.	Not included.	Not included.	Sec. 1763	Sec. 1763.
272.	<b>Certification of health plan rates as actuarially sound.</b> Language states that the Department will annually certify rates as actuarially sound and will provide a copy of the rate certification and approval documents to the House and Senate Appropriations Subcommittees on Community Health and House and Senate fiscal agencies.	New House Section.	Not included.	Not included.	Sec. 1764.	Sec. 1764.

Boilerplate Summary

		FY 2006-2007				
		FY 2005-06 PA 154	<u>Executive</u>	<u>Senate</u>	<u>House</u>	<u>Conference</u>
273.	<b>"Outstate" Hospital Increase (1)</b> Provides \$8,311,800 Gross to "outstate" hospitals via a formula that is weighted by each hospitals uncompensated care. <b>(2)</b> Upon Federal approval of a \$5.0 million DSH pool for smaller hospitals, the funding referenced in (1) shall be used to provide a .62 cent increase in Medicaid pharmacy dispensing fees. Any funds remaining after the pharmacy increase is provided would be allocated to hospitals in the manner described in (1).	New House Section.	Not included.	Not included.	Sec. 1765.	Not included.
274.	<b>Medicaid pharmaceutical reimbursement.</b> Language requires the department to evaluate the impact of the change in basis for Medicaid reimbursement from average wholesale price to average manufacturer price and submit a report to the legislature by March 1, 2007. If the department determines that this change in payment methodology will have a negative impact upon pharmacists the department is required to provide proposed changes in pharmaceutical dispensing fee structure to counter the negative impact of this change.	New Conference Section.	Not included.	Not included.	Not included.	Sec. 1767.